(2) 8379

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08369

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) REISTERSTOWN
LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 285 CHATSWORTH AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) REISTERSTOWN
STREET ADDRESS (If rural give location) 285 CHATSWORTH AVE

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) J. (Last) ALLEWALT

4. DATE OF DEATH: (Month) SEP. (Day) 25 (Year) 1955

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOW
8. DATE OF BIRTH: MAY 8, 1885
9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: O.H.
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES CARNEY
14. MOTHER'S MAIDEN NAME: MARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: DONALD ALLEWALT, 285 CHATSWORTH AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.4 IMMEDIATE CAUSE (A) Myocardial Fracture DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1949, to Sept. 25, 1955, that I last saw the deceased alive on Sept 23, 1955 and that death occurred at M, from the causes and on the date stated above.
SIGNATURE George E. Shannon M. D.
ADDRESS 520 Medical Arts Bldg
DATE SIGNED 9/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF SEP. 29/55
NAME OF CEMETERY ~~OR CREMATORY~~ MT. OLIVET
LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR 9/30/55
REGISTRAR'S SIGNATURE A. E. Hedrick
24. FUNERAL DIRECTOR Harry H. Lutzke
ADDRESS 4101 EDMONDSON AVE

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08370

8371

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 17yr. 7mo. 11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 103 Baltimore Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) E. (Last) Anderson

4. DATE OF DEATH: (Month) (Day) (Year) September 28, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 5-13-1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Nuthall

14. MOTHER'S MAIDEN NAME: Sarah Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
IMMEDIATE CAUSE (A) Cardiac failure
DUE TO
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardiovascular disease
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7- , 1953, to 9-28- , 1955, that I last saw the deceased alive on 9-28- , 1955, and that death occurred at 1:15 PM, from the causes and on the date stated above.

SIGNATURE M. D. Stella Wachsler ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 9-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 10/1/55 | NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery | LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 9/29/55 | REGISTRAR'S SIGNATURE [illegible] Deputy

24. FUNERAL DIRECTOR Wm Cook, Inc. ADDRESS 1217 St. Paul Street

VS. A15—10-53

PLEASE TYPE OR WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

837 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08371

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upperco
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upperco
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) MATILDA - F - ARMACOST

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 19 55

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH: July 31 1865 | 9. AGE last birthday: 90 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10B. KIND OF BUSINESS OR INDUSTRY: Farm. | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry P Nolte | 14. MOTHER'S MAIDEN NAME: Mary Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Chas J Bunon - Upperco Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S) DUE TO (B) Arterio-Sclerosis — 15 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15 55, to Sept 20 55, that I last saw the deceased alive on Sept 19 55, and that death occurred at 1 A M, from the causes and on the date stated above.

SIGNATURE M. C. Porterfield | ADDRESS M.D. Hampstead, Md | DATE SIGNED 9/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Sept 23 55 | NAME OF CEMETERY OR CREMATORY: Grace Methodist | LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REGISTRAR: 9-21-55 | REGISTRAR'S SIGNATURE: Mary B. Eline | 24. FUNERAL DIRECTOR: Edw C Tipton | ADDRESS: Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08372

8373

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7510 Rockridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville X
STREET ADDRESS (If rural give location) 7510 Rodkridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) D. (Last) AUMACK

4. DATE OF DEATH: (Month) Sept. (Day) 23, (Year) 19 55

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH: Dec. 9, 1861
9. AGE last birthday: 93 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Del.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Lord
14. MOTHER'S MAIDEN NAME: Ageline Redden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Pikesville, Md. Mrs. Emma F. Chubb - 7510 Rockridge Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1952, to 9-23, 1955, that I last saw the deceased alive on 9-22, 1955, and that death occurred at 9 A. M, from the causes and on the date stated above.

SIGNATURE Abraham B. Hurwitz — ADDRESS M. D. 2200 Garrison Blvd. — DATE SIGNED 9-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/26/55
NAME OF CEMETERY OR CREMATORY: Denton Cem.
LOCATION (City, town, or county) (State): Denton, Md.

DATE REC'D BY LOCAL REGISTRAR: September 24 1955
REGISTRAR'S SIGNATURE: R W
24. FUNERAL DIRECTOR: Wm. J. Dickens & Sons — ADDRESS: Baltimore 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08373

8374

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 413 Rt 2 Babikow

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) Box 413 Rt 2 Babikow.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) E (Last) Babikow

4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 1955

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug 3-1888

9. AGE last birthday 67 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist

10b. KIND OF BUSINESS OR INDUSTRY Self employed

11. BIRTHPLACE (State or foreign country) Balto Co md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Wm E Babikow

14. MOTHER'S MAIDEN NAME Sophia Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Wm E Babikow Babikow Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Angina Pectoris — Interval between onset and death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

420.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26 55 to Sept 27 55, that I last saw the deceased alive on Sept 26 55, and that death occurred at 7.40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Laura Krause M.D. ADDRESS 7 Chase St DATE SIGNED Sept 28 55

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/29/55

NAME OF CEMETERY OR CREMATORY Parkwood Cem

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 9/30/55

REGISTRAR'S SIGNATURE A. M. Hedrick

24. FUNERAL DIRECTOR Lansdale Funeral Home ADDRESS 7401 Belair Rd.

Dr Kraus 58

(~~[illegible]~~ Rd)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08374

8375

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 7/27/55 to 9/18/55
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) HERALD HARBOR MD.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) BAILEY

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: NOT AVAILABLE

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NOT AVAILABLE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NOT KNOWN

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: NOT AVAILABLE

14. MOTHER'S MAIDEN NAME: NOT AVAILABLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE

(A) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 8/3/55 to 9/18/55

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) GENERALIZED ARTERIOSCLEROSIS

DUE TO (C) ADVANCED AGE

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1955, to 5 p.m. 9/18 1955, that I last saw the deceased alive on 2 p.m. 9/18, 1955., and that death occurred at 5:15 p.m. M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler ADDRESS Spring Grove State Hosp. Catonsville 28 Md. DATE SIGNED 9-19-55

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: SEP. 21. 1955 | NAME OF CEMETERY OR CREMATORY: CONGRESSION | LOCATION (City, town, or county): Wash, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 9/19/55 | REGISTRAR'S SIGNATURE: D.E. Harry

24. FUNERAL DIRECTOR: THE J.H. HINES COMPANY ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08375

8373

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard, Md.; LENGTH OF STAY (in this place) 41 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 4415 Marble Hall Road

3. NAME OF DECEASED: (First) WILLIAM (Middle) W. (Last) BAKER

4. DATE OF DEATH: (Month) September (Day) 18 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9/12/02

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Civil Service Employee

10B. KIND OF BUSINESS OR INDUSTRY: Veterans Administration

11. BIRTHPLACE (State or foreign country): Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Warren C. Baker

14. MOTHER'S MAIDEN NAME: Margaret Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 557-28-8489

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp. Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 442X (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

ANTECEDENT CAUSE (B) (A) XXXXX

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: (1)CEREBRAL ARTERIOSCLEROSIS (2)ARTERIOLAR-SCLEROTIC NEPHRITIS.(3)ADENOMA,RT.,ADRENAL

19A. DATE OF OPERATION: X

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Aug. 8, 1955, to Sept.18, 1955, XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXX and that death occurred at 11:15 M, from the causes and on the date stated above.

SIGNATURE Irving Freeman — ADDRESS — DATE SIGNED

IRVING FREEMAN, M.D. — M.D.VAH, FORT HOWARD, MARYLAND — 9-19-55

23. BURIAL, CREMATION, REMOVAL: BURIAL — DATE THEREOF 9/21/55 — NAME OF CEMETERY OR CREMATORY: ARLINGTON NATIONAL CEM. — LOCATION (City, town, or county) (State): FT. MYER, VIRGINIA

DATE REC'D BY LOCAL REGISTRAR 9-20-55 — REGISTRAR'S SIGNATURE A W Redmond — 24. FUNERAL DIRECTOR AND ADDRESS: Wm.Cook, Inc. Funeral Home St. Paul and Preston Streets, Balto.Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08376

8377

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (In this place) 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 335 SUTER ROAD

3. NAME OF DECEASED: (Type or Print) (First) MALACHI (Middle) (NMI) (Last) BALLARD

4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 23 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 3-2-77

9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 78 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ALEXANDRIA, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. BALLARD

14. MOTHER'S MAIDEN NAME: ELIZABETH MORTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE,

ANTECEDENT CAUSE (B) DUE TO DECOMPENSATION

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. GENERALIZED ARTERIOSCLEROSIS
BENIGN PROSTATIC HYPERTROPHY

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that X attended the deceased from SEPT. 12, 1955, to SEPT. 23, 1955, and that death occurred at 3:10P M, from the causes and on the date stated above.

SIGNATURE James J. Nolan
JAMES J. NOLAN, M. D.

ADDRESS M.D. VAH, FORT HOWARD, MD.

DATE SIGNED 9/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/28/55

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/26/55

REGISTRAR'S SIGNATURE C. W. Fleetwood

24. FUNERAL DIRECTOR Charles R. Law Mortuary

ADDRESS 802-04 Madison Avenue, Baltimore 1, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

8378

08377 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 mo 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3 Vol. 4
STREET ADDRESS (If rural, give location) 1424 W. Fayette Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Willian (Middle) M. (Last) Baxter
4. DATE OF DEATH (Month) 9- (Day) 28- (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-14-1885
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Ret. Villian
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Louis Baxter
14. MOTHER'S MAIDEN NAME: Margaret Crabster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 936.7 Acute Cardiac failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteria sclerotic heart disease
DUE TO
(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture Left Hip (Femur)

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Hospital
21c. (City or town) Cutsmill (County) Bells (State) Md.
21d. TIME OF INJURY (Month) 9 (Day) 15 (Year) 55 (Hour) 12 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Patient pushed him Causing him to fall on floor

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John M. Kiefer M. D. 1010 Leidon
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Sept 28, 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/1/55
NAME OF CEMETERY OR CREMATORY Finksburg Cemetery
LOCATION (City, town, or county) Finksburg, (State) Maryland
DATE REC'D BY LOCAL REG. 9/29/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. Cook Inc.
ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08378

8379

CERTIFICATE OF DEATH

Reg. Dist. No. 4h2

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD,
LENGTH OF STAY (in this place) 37 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 2431 MADISON AVENUE

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) W. (Last) BAYLOR

4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 14 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 9-5-10

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER

10B KIND OF BUSINESS OR INDUSTRY: TRANSPORTATION CO.

11. BIRTHPLACE (State or foreign country): BOWLING GREEN, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FRED BAYLOR

14. MOTHER'S MAIDEN NAME: MAMIE LOMAX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 219-28-3601

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — SUDDEN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SCLERODERMA — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 8 , 1955 to SEPT. 14 , 1955 , and that death occurred at 9:05 A.M. from the causes and on the date stated above.

SIGNATURE W. VanDegrift M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 9-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 9/19/55 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS CHARLES R. LAW FUNERAL HOME 802-04 MADISON AVE., BALTIMORE 1, MARYLAND

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

08379

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 33

8330

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills | LENGTH OF STAY (in this place) 1y - 8m
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood State Tr. School.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MA. — COUNTY ~~St. Mary~~ Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA Plata 08x-2
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Larry (Last) Bean
4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 11/16/52
9. AGE last birthday: 2 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mary Agnes Bean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491 ✓ Immediate cause (a) Broncho-pneumonia — 2-3 days

Antecedent cause(s) (b) Cortical cerebrar atrophy — Birth

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) C.N.S. & skull congenital maldevelopment.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Encephalocele)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18 53, to 9/10 55, that I last saw the deceased alive on 9/10/55, and that death occurred at 6 05 a.m., from the causes and on the date stated above.

SIGNATURE H.G. Butler M.D. (Degree or title) ADDRESS Owings Mills, Md. DATE SIGNED 16 Sept '55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 9/17/55 | NAME OF CEMETERY OR CREMATORY Holy Face | LOCATION (City, town, or county) Great Mills (State) Md.

DATE REC'D BY LOCAL REG. 9-16-55 | REGISTRAR'S SIGNATURE Mary B. Elliott

24. FUNERAL DIRECTOR Joe C. Mattingly Leonardtown, Md (ADDRESS)

MARGIN RESERVED FOR BINDING

8391

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08380

CERTIFICATE OF DEATH

Reg. Dist. No. —

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 CATONSVILLE
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 SPRING GROVE St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3Y01-4
STREET ADDRESS (If rural give location) 4112 Hamilton Av. ✓

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BERRY (Last)

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 6 | 17 | 1866

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Deichmiller

14. MOTHER'S MAIDEN NAME: Mary Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Cerebrovascular accident
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic heart disease DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7- , 1950 to 9-12- , 1955 that I last saw the deceased alive on 9-12- , 1955, and that death occurred at 10:50 PM, from the causes and on the date stated above.

SIGNATURE Sulla Wachter M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 9-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 9/15/55 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 15, 55 | REGISTRAR'S SIGNATURE A-M Hedin | 24. FUNERAL DIRECTOR: Wm. J. Tichenor & Sons | ADDRESS: Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08381

8332

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood State Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V 1-4
STREET ADDRESS (If rural, give location) 1825 Belt. St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Anthony (Last) Blair

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 5-6-52

9. AGE last birthday: 4 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): —

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert James Blair

14. MOTHER'S MAIDEN NAME: Dolores Agnes Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — 491X — (a) Cardiac failure, subsequent Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Aspiration Pneumonia (chronic)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hydrocephalus (Severe)

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1955, to 9/4, 1955, that I last saw the deceased alive on 9/4, 1955, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE George C. Medairy M.D. (DEGREE OR TITLE) ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — **DATE THEREOF** 9-7-55 — **NAME OF CEMETERY OR CREMATORY** Pleasant Hill Park — **LOCATION** (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REG. 9-6-55 — **REGISTRAR'S SIGNATURE** O. M. Hesch — **24. FUNERAL DIRECTOR** — **ADDRESS** L. L. McCarty 130 E. Fort Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08382

CERTIFICATE OF DEATH

8333 Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2108 Smith Avenue

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Edward (Last) Bostwick

4. DATE OF DEATH: (Month) (Day) (Year) September 13, 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 7-28-1870 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1 (A) Coronary thrombosis

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic cardio-disease vascular
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-, 1955, to 9-13-, 1955 that I last saw the deceased alive on 9-13-, 1955, and that death occurred at 3:45 PM, from the causes and on the date stated above.

SIGNATURE S. Wachsler ADDRESS Spring Grove State Hospital DATE SIGNED
M.D. Catonsville 28, Maryland 9-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF September 16 1955 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | LOCATION (City, town, or county) Pikesville 8 Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 9-14-55 | REGISTRAR'S SIGNATURE C. A. Hedrick | 24. FUNERAL DIRECTOR Frank J. Mendell | ADDRESS Pikesville MD

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08383

8384

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: — COUNTY Baltimore — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard — LENGTH OF STAY (in this place) 9 hrs. 55 min. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: — STATE Maryland — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — STREET ADDRESS (If rural give location) 2343 Sidney Avenue

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (NMI) (Last) Bowersox

4. DATE OF DEATH (Month) (Day) (Year) September 25 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6/6/91	64 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman	Housing Project	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas V. Bowersox	Sidney Archibald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WWI	218-05-2775	Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1 (A) INFARCT LEFT VENTRICLE — 13 HRS.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from September 24 55 to Sept. 25, 1955, that I last saw the deceased on ... 19 ... and that death occurred at 9:05 PM 5:00 A.M. M, from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
WILLIAM B. VANDEGRIFT, M. D.	M. D. VAH, FORT HOWARD, MARYLAND	9/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	SEPT 28 1955	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/27/55	A. W. Hudnut	GEORGE J. CONCE	1001 GOV. RITCHIE HWY. BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08385

8375

CERTIFICATE OF DEATH

Reg. Dist. No. 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Reisterstown
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown
STREET ADDRESS (If rural give location) Hanover Road

3. NAME OF DECEASED: (Type or Print) (First) Auguste (Middle) Thekla (Last) Broemel

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH. April 8 1876 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: - | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Delius Schmidt | 14. MOTHER'S MAIDEN NAME: Heneritte Moeller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS. Mrs Martha Klein Reisterstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Epidural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 15 days

ANTECEDENT CAUSE (B) DUE TO Hypertension — 1 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis — "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-53, to 9-8-55, that I last saw the deceased alive on 9-6-55, 19.., and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE James A. Duffield M. D. ADDRESS Reisterstown Md DATE SIGNED 9-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF Sept 12 1955 | NAME OF CEMETERY OR CREMATORY Greenmount Crematory | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9-11-55 | REGISTRAR'S SIGNATURE Mary Pa. Elvia. | 24. FUNERAL DIRECTOR: Wm Berryman & Sons | ADDRESS Reisterstown Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8359

CERTIFICATE OF DEATH

08386

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3414 Louth Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3414 Louth Rd.

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) K. (Last) BROOKS

4. DATE OF DEATH: (Month) Sept. (Day) 23, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 3, 1869

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown Ardnt

14. MOTHER'S MAIDEN NAME: Lena C. Kuehn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs. Frances B. Peters - 3414 Louth Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H.A.S. Heart Disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19 55, to 23 Sept. 19 55, that I last saw the deceased alive on 18 Sept. 19 55, and that death occurred at 7:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Morris Ramesa, M.D. 2900 Duncan Rd. 9-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/26/55 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Wm. J. Tichenor & Sons | ADDRESS: Kato 17 Md.

8336

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08387

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 27 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE Arbutus
STREET ADDRESS (If rural give location) 4321 ALAN DRIVE, APARTMENT E

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) H. (Last) BROWN (Also: WOLF)

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 12 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12-13-91

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLICEMAN-Guard

10B. KIND OF BUSINESS OR INDUSTRY: Co. C & P. Tel.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM BROWN

14. MOTHER'S MAIDEN NAME: NORA FREDERICKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 215-22-1974

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ABSCESSES OF PANCREAS — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 16, 1955 to SEPT. 12, 1955, and that death occurred at 10:30 A M. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 9-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF Sept. 15, 1955

NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEM.

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS WM. TICKNER & SON, NORTH & PENNA. AVES. BALTIMORE, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08388

8337

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keller Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) Keller Road

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) E. (Last) Bunn

4. DATE OF DEATH: (Month) Sept. (Day) 25, (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 1, 1899

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John George Ochs,

14. MOTHER'S MAIDEN NAME: Elizabeth C. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. C. G. Bunn, Keller Rd. Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion (thrombosis) — Interval between onset and death: 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31, 1953, to 9/25, 1955, that I last saw the deceased alive on 9/23, 1955, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert A. Reiter M.D. Garrison Blvd., & Windsor Ave. Balto. Md. 9/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/28/1955 — NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/27/55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Le Vernon Lemmon. — ADDRESS: 4611 Park Heights A. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08389

8338

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 Hilton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 160 Hilton Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Burford Sr
4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 19 55
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: Dec 7-1869
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR RUNNINGS
10b. KIND OF BUSINESS OR INDUSTRY: OWNER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Jackson Snell Burford
14. MOTHER'S MAIDEN NAME: Julia Goff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-32-5849
17. INFORMANT: William H Burford Jr 3702 W Franklin St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — 30 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vascular Accident

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 55, to Sept 27, 19 55, that I last saw the deceased alive on 27, 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED 9/27/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 10/1/55 | NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL | LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Charles F. Evans & Son — ADDRESS: 118 W. Mt. Royal Ave

8390

Film C 186, 9-22-55
Item 12 Bh

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08390

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethrope
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2030 Northeast Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethrope
STREET ADDRESS (If rural give location) 2030 Northeast Ave.

3. NAME OF DECEASED (Type or Print): (First) MATILDA (Middle) (Last) CARR

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Wid.

8. DATE OF BIRTH: March 3, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nevis B.W.I.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jermiah Huggins

14. MOTHER'S MAIDEN NAME: Mary Ann ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Bishop R.A. Carr 2030 Northeast Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

420.1

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteria Sclerosis

(C) Senility.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15-, 1955, to 9-17-, 1955, that I last saw the deceased alive on 9-17-, 1955, and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 1743 Madison Ave DATE SIGNED 9-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Sept. 19, 1955 — NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Pk. — LOCATION (City, town, or county) (State): Arbutus Md.

DATE REC'D BY LOCAL REGISTRAR: 9-19-55 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Mrs Katie R Williams — ADDRESS 3221 Schroeder St

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08391

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8339 Reg. Dist. No.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 183 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3 VC 1-4
STREET ADDRESS (If rural give location) 1707 NORTH BROADWAY STREET

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (NMI) (Last) CHEATOM

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 13 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7/14/1900
9. AGE last birthday: 55 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEEL POURER
10b. KIND OF BUSINESS OR INDUSTRY: BETHLEHEM STEEL
11. BIRTHPLACE (State or foreign country): BLACKSTOCK, S. CAROLINA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOSH CHEATOM
14. MOTHER'S MAIDEN NAME: MANDA COCHRANN

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WWI
16. Social Security No. 213-07-5182
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A)	INFARCTION OF MYOCARDIUM	
ANTECEDENT CAUSE (S)	DUE TO	ARTERIOSCLEROTIC CORONARY THROMBOSIS	2 MINUTES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)	HYPERTENSIVE CARDIOVASCULAR DISEASE AND	
	XXXXXXX	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	7 YEARS
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		THROMBOSIS (1) MIDDLE CEREBRAL ARTERY WITH (2) HEMIPARESIS	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22 XXXXXXXXXXXXXXXXXXXXXXXX the deceased from Mar. 14, 1955 to SEPT. 13, 1955, XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX and that death occurred at 12.50A M, from the causes and on the date stated above.

SIGNATURE Irving Freeman ADDRESS DATE SIGNED
IRVING FREEMAN, M.D. Acting Chief, Medical Service VAH, FORT HOWARD, MARYLAND 9/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 9/19/55
NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEMTERY
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Sept 15, 1955
REGISTRAR'S SIGNATURE: A. W. Hedrich
FUNERAL DIRECTOR: RANDOLPH COLLICK FUNERAL HOME
ADDRESS: 1412 E. PRESTON STREET, BALTO., MD.

08392

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8393

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (19) — LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2607 MANOR AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (19)
STREET ADDRESS (If rural, give location) 2609 MANOR AVE.

3. NAME OF DECEASED (Type or Print): (First) DORA (Middle) MYERS (Last) COULSON
4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 19 55
5. SEX: FEM.
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 1873
9. AGE: Last birthday 81 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JERRY MYERS
14. MOTHER'S MAIDEN NAME: ADALINE (?)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: D. M. COULSON - 1117 AUBURN Rd. DUNDALK 22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Hypostatic Pneumonia — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Ht. Disease — 2 yrs.

(c) Localized Arteriosclerosis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Sept. 6, 1955, that I last saw the deceased alive on Sept. 6, 1955, and that death occurred at 4:22 P m., from the causes and on the date stated above.

SIGNATURE: James J. Mena — (Degree or title) M.D. — ADDRESS 520 DSt Balto 19 Md — DATE SIGNED 9/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 9-8-55 — NAME OF CEMETERY OR CREMATORY: OAK LAWN — LOCATION (City, town, or county) BALTO. CO. — (State) MD.

DATE REC'D BY LOCAL REG. Sept. 9 1955 — REGISTRAR'S SIGNATURE: Dawson L. Larkin

24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08393

8360

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3423 Liberty Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Edit
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 3423 Liberty Parkway

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) W. (Last) CRANDELL

4. DATE OF DEATH: (Month) Sept. (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 24, 1893

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Crandell

14. MOTHER'S MAIDEN NAME: Rose Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Adelbert Crandell 3423 Liberty Parkway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 163X Carcinoma of lung — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypernephroma — DUE TO

(c)

Interval Between Onset And Death: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 19 55, to 9/8, 19 55, that I last saw the deceased alive on 9/8, 19 55, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel A. Hamburger MD — ADDRESS 3479 Liberty Pky — DATE SIGNED 9/10/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 12, 1955 — NAME OF CEMETERY OR CREMATORY Belair Memorial Gardens — LOCATION (City, town, or county) Belair, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 12-1955 — REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR Ullrich Funeral Home — ADDRESS 2112 Dundalk Ave.

VS. A15

8391

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08394

Reg. Dist. No. 45

1 PLACE OF DEATH
COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River 21 +
STREET ADDRESS (If rural give location) 11 Hawthorne Rd

3. NAME OF DECEASED: (Type or Print) (First) Emmie (Middle) E (Last) Daniels

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W	widow	July 22 1866	89 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Laurence Mc Grath
14. MOTHER'S MAIDEN NAME: Catherine O Connell Biggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Margaret Mc Grath

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Arterio-sclerotic Cardio-Renal

ANTECEDENT CAUSE (B) DUE TO Senility

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0-20
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1950, to Sept. 24, 1953; that I last saw the deceased alive on Sept. 24, 1953, and that death occurred at 12:30 A M, from the causes and on the date stated above.

SIGNATURE James F White M. D. ADDRESS 427 Eastern Ave Baltimore 21, Md DATE SIGNED 9/24/53

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 26/53
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Balto Co

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Edith Tussey
24. FUNERAL DIRECTOR J J Brady & Sons ADDRESS 1407 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08395

CERTIFICATE OF DEATH

8392 Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) X Owings Mills
LENGTH OF STAY (in this place) 2 yrs. 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) W. Hyattsville, Maryland
STREET ADDRESS (If rural give location) 3303 Lancer Drive √

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Janet	Lois	Davis	9	3	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	single	5/20/49	6 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Washington, D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Scott Davis	Beulah Lois Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	—	Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
491 X Immediate cause	(a)	Bronchopneumonia	2 da
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Hydrocephalus	Congen.
	(c) DUE TO	Meningocele (repaired) Spina Bifida (repaired)	Congen.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/21, 19 55, to 9/31, 19 55, that I last saw the deceased alive on 9/3, 19 55, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C. Medairy M.D.		Rosewood State Training School	9/[illegible]/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	7 Sep 55	Arlington Nat'l	Arlington,	Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-6-55	Mary B. Sims	Harold Funeral Home, Inc	8 & H St., N.E., Washington, D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08396

8393

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eaton Ridge N. Home 329 Harlem Lane

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto. 3701-M
STREET ADDRESS (If rural give location) 716 Pk Ave

3. NAME OF DECEASED: (First) PAULE (Middle) DE GOURNEY (Last)

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE 8. DATE OF BIRTH: 1-14-1872 9. AGE last birthday: 83 yrs | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE 10B KIND OF BUSINESS OR INDUSTRY: 11 BIRTHPLACE (State or foreign country): France 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN 14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Francis Igelhart. Lutherville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Generalized Arteriosclerosis. INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Decubitus Ulcers Buttocks

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Extensive Breakdown Skin of Perineum

19A DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F HOW DID INJURY OCCUR? Oct 7 53 29 Oct 55

22. I hereby certify that I attended the deceased from Oct 7, 19 53, to 29 Oct, 19 55, that I last saw the deceased alive on 28 Oct, 19 55, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

SIGNATURE AND M.D. Wm. Groth M.D. ADDRESS 1707 Edmondson Ave. Catonsville 28 Md. DATE SIGNED 29 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9-30-55 | NAME OF CEMETERY OR CREMATORY St. Peters | LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REGISTRAR 9/29/55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St Paul St.

8394 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08397

CERTIFICATE OF DEATH

Reg. Dist. No. 11

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5a Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore V-1-4
STREET ADDRESS (If rural give location) 1120 E. Belvedere Avenue V

3. NAME OF DECEASED: (Type or Print) (First) STANLEY (Middle) (NMI) (Last) DELCHER

4. DATE OF DEATH (Month) SEPT. (Day) 25 (Year) 1955

5. SEX MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 7/8/89

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. if retired) BOOKKEEPER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. William J. Delcher

14. MOTHER'S MAIDEN NAME. Ada Doud

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 218-09-6184

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HODGKIN'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22 reby certify that I attended the deceased from Sept. 14, 1955 to Sept. 25, 1955 that I last saw the deceased on [illegible] and that death occurred at 12:Noon from the causes and on the date stated above.

SIGNATURE WILLIAM E. VANDEGRIFT M.D. ADDRESS M. D. VAH FORT HOWARD, MARYLAND DATE SIGNED 9/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 9-28-55 — NAME OF CEMETERY OR CREMATORY GREENMOUNT — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9/27/55

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS HENRY W. MEARS & SONS 805 N. CALVERT ST., BALTO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08398

8361

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1945 Dundalk Ave.; LENGTH OF STAY (in this place) MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Dundalk; STREET ADDRESS (If rural give location) 1945 Dundalk Ave.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPHINE (Middle) M. (Last) DIEHM

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 10, 1955 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 2, 1904

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Scruggs

14. MOTHER'S MAIDEN NAME: Josephine Thacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Grant J. Diehm 1945 Dundalk Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Dis. — Interval Between Onset And Death: 30 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — 3 Mos

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 ,19 54, to 9-10 , 1955, that I last saw the deceased alive on 9-9 , 1955, and that death occurred at 1 Am , from the causes and on the date stated above.

SIGNATURE Jack C Collins (Degree or title) M. D. ADDRESS Balt 22 Md. DATE SIGNED 9-10-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 13, 1955 NAME OF CEMETERY OR CREMATORY Meadow Ridge LOCATION (City, town, or county) (State) Dorsey, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 12-1955 REGISTRAR'S SIGNATURE William M Kelly

24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2112 Dundalk Ave.

VS. A15

08393

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

8395 — Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 Chestnut Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; STREET ADDRESS (If rural, give location) 409 Chestnut Avenue #4

3. NAME OF DECEASED (Type or Print): Mr. John Hardin Dougher

4. DATE OF DEATH: Sept. 25th 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 28, 1904

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance, United Insurance Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Thomas Dougher

14. MOTHER'S MAIDEN NAME: Laura Bard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Ethel J. Dougher, 409 Chestnut Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 332X Cerebral hemorrhage — Interval between onset and death: few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension — several yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. .., 1946 to April ..., 1955, that I last saw the deceased alive on April ..., 1955, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

SIGNATURE R.H. Allen (Degree or title) M.D. ADDRESS 1000 York Road Towson 9 Md. DATE SIGNED 4-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept.27,1955 | NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/26/55 | REGISTRAR'S SIGNATURE Chas. H. Hedrick Jr.

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. Robert Allison
4 York Road - VA 5 1311 -
8815 Wolverton NO 5 2424 -

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8398

CERTIFICATE OF DEATH

Reg. Dist. No. 08400

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemere
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2126 Oak Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. — COUNTY: Balto.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemere
   STREET ADDRESS (If rural give location): 2126 Oak Road

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) E. (Last) EBERT

4. DATE OF DEATH: (Month) Sept (Day) 27, (Year) 1955.

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: May 21, 1885

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis Feger

14. MOTHER'S MAIDEN NAME: Katherine Berline

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Frederick L. Feger, 7517 Iroquois Ave., #19

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Vascular Hemorrhage — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO — (b) Arteriosclerosis Generalized — ± 10 years

DUE TO — (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10-, 1955, to 9-27-, 1955, that I last saw the deceased alive on 9-27, 1955, and that death occurred at 10 PM, from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. (Degree or title) — ADDRESS: 540 N. Stricker St. — DATE SIGNED: 9-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 1, 1955. — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Belair Rd.

DATE REC'D BY LOCAL REGISTRAR: 9/30/55 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: Schimunek Funeral Home — ADDRESS: 2601-03-05 East Madison Street.

For Charles J. Schimunek

MARYLAND STATE DEPARTMENT OF HEALTH

08401

8397

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: BALTIMORE — STATE: MARYLAND — LENGTH OF STAY (In this place): 210 DAYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FORT HOWARD
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 522 W. BALTIMORE STREET

3. NAME OF DECEASED (Type or Print): (First) PATRICK (Middle) A. (Last) EGAN
4. DATE OF DEATH: (Month) SEPTEMBER (Day) 1 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 1-7-89
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SAILOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BOSTON, MASSACHUSETTS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: PATRICK EGAN
14. MOTHER'S MAIDEN NAME: CATHERINE CONLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT AND ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

600.1 Immediate cause (a) ABSCESS OF RIGHT KIDNEY — UNKNOWN

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last: DUE TO: UNKNOWN (b)

(917.9) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: BURNS OF EXTREMITIES, 1st, 2nd and 3rd DEGREE — 7 MONTHS

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour): ~~Sept~~ 1-1955 11:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. McCormone M.D. (Degree or title) ADDRESS: Dept. Medical Examiner Balto. Co. Dundalk 22, Md. DATE SIGNED: 9/2/55

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) | DATE THEREOF: SEPT. 6, 1955 | NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEMETERY | LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG. 9/5/55 | REGISTRAR'S SIGNATURE: G. M. Dawson / Dawson L. Lark, Jr. | 24. FUNERAL DIRECTOR: WM. COOK-BLIGHT INC. | ADDRESS: 6009 HARFORD RD BALTIMORE 14, MD

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8398 Reg. Dist. No. 08402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Monkton
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Sheppard Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton X
STREET ADDRESS (If rural give location) Sheppard Rd

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Joseph (Last) Eisenhardt

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov 26th 1890

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Wines & Liquors

10b. KIND OF BUSINESS OR INDUSTRY: Salesman

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William J Eisenhardt

14. MOTHER'S MAIDEN NAME: Elizabeth Hartel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World war I

16. SOCIAL SECURITY NO.: 218-18-7292

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO ~~Heart Attack~~ Coronary Occlusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 hr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1955 to Sept 4, 1955, that I last saw the deceased alive on Sept 4, 1955, and that death occurred at 11 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) A. M. Frame M.D.

ADDRESS Parkton Md.

DATE SIGNED 9/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 8 1955

NAME OF CEMETERY OR CREMATORY St Johns

LOCATION (City, town, or county) (State) Long Green Balto Co. Md.

DATE REC'D BY LOCAL REGISTRAR 9-8-55

REGISTRAR'S SIGNATURE John Redmond

24. FUNERAL DIRECTOR H H Jenkins Jr & Co

ADDRESS 4905 York Rd

VS. A15

Or Fauce
Portion X.2.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08403

8399

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5415 Old Frederick Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 5415 Old Frederick Rd

3. NAME OF DECEASED: (First) CHRISTIAN (Middle) JOHN (Last) Eitemiller ~~EITEMILLER~~ (Type or Print)

4. DATE OF DEATH: (Month) Sept. 30, (Day) (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 13, 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired owner

10B. KIND OF BUSINESS OR INDUSTRY: Wholesale & Retail Grocery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Henry Eitemiller

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS: Mrs. Katherine C. Eitemiller - 5415 Old Fred'k Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1

(A) Arteriosclerotic C.V.D

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(B) Cerebral Hemorrhage

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954 to Sept. 30 1955, that I last saw the deceased alive on Sept. 30, 1955, and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE J. E. Pound M. D.

ADDRESS 3325 Frederick Rd

DATE SIGNED 10/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10/4/55

NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: 10-4-55

REGISTRAR'S SIGNATURE: Ben Hedrick

24. FUNERAL DIRECTOR: Wm. J. Tschiner & Sons

ADDRESS: Catonsville 17 Md

08404

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 21

84 0

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bird River Beach | LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 268 Rt 16

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bird River Beach X
STREET ADDRESS (If rural, give location) Box 268 Route 16

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) James Henry (Last) Evans Sr.

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21st 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug. 23, 1911

9. AGE last birthday: 44 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sup. Circulation

10b. KIND OF BUSINESS OR INDUSTRY: A.S.Abell Co

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C. Evans

14. MOTHER'S MAIDEN NAME: Rose Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): W.W.2

16. SOCIAL SECURITY NO.: 213-03-2704

17. INFORMANT AND ADDRESS: Mrs. Marie Johanna Evans, Box 268 Rt 16 #20

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591.0

Immediate cause (a) Cirrosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on Sept 17, 19 55, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE Leonard Ruck (Degree or title) ADDRESS ... DATE SIGNED 9-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept. 24, 1955 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9-27-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road #14 | ADDRESS

MARGIN RESERVED FOR BINDING

Dr. Novak
Medical Arts Bldg
Until 12 noon Wed.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08405

84 1

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH

COUNTY BALTIMORE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X FORT HOWARD

LENGTH OF STAY (in this place) 42 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.

STATE MARYLAND COUNTY .....

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V 7

STREET ADDRESS (If rural give location) 4700 HOMER AVENUE

3. NAME OF DECEASED (Type or Print) (First) LEO (Middle) JOSEPH (Last) FIEDLER

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 6, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED: MARRIED

8. DATE OF BIRTH: 8-23-99

9. AGE last birthday: 56 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MUSICIAN

10B. KIND OF BUSINESS OR INDUSTRY: Band

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ALBERT FIEDLER

14. MOTHER'S MAIDEN NAME: IDA DOMBROWSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES | (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 220-07-8898

17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

164X

IMMEDIATE CAUSE (A) THORACIC INLET CARCINOMA, LEFT — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CEREBRAL METASTASIS — UNKNOWN

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from JULY 26 1955, to SEPT.6, 1955, that I saw the deceased [illegible] and that death occurred at 7:08 AM. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M. D. VAH,FORT HOWARD, MARYLAND DATE SIGNED 9-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 9/9/55 — NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY — LOCATION (City, town, or county) BALTIMORE, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR 9 8 55 — REGISTRAR'S SIGNATURE C. H. Hedrick M.D.

24. FUNERAL DIRECTOR AND ADDRESS C. VERNON LEMMON FUNERAL HOME 4611 PARK HEIGHTS AVE.,BALTIMORE,, MD.

8492

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08406

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Balto Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2 1/2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 98 Smithwood ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 3 Yrs 1 4
STREET ADDRESS (If rural give location) 2863 Chesterfield ave

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) J (Last) Finnerty

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: 7/27/[redacted]

9. AGE last birthday 83 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman

10B. KIND OF BUSINESS OR INDUSTRY Balto City

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Michael Finnerty

14. MOTHER'S MAIDEN NAME: Mary A Fitzmaurice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

17. SOCIAL SECURITY No. 218-05-0075

17. INFORMANT & ADDRESS: Mrs Michael welsh

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Degenerative Heart Disease

ANTECEDENT CAUSE (B) DUE TO Generalized Arteriosclerosis,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 1955

19B. MAJOR FINDINGS OF OPERATION Intestinal obstruction (Volvulus Cecum)

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1955, to 1 Sept 55, 19..., that I last saw the deceased alive on 1 Sept 55, 19..., and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE AND M.D. H. E. Gratz M.D. ADDRESS Catonsville 28 md DATE SIGNED 4 Sept 55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

DATE THEREOF 9/6/55

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REGISTRAR 9-6-55

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR MacNabb & Son ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08407

Item 8, Film G17 11-7-55 et

CERTIFICATE OF DEATH

84 3 Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 3mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3W 1-4
STREET ADDRESS (If rural give location) 3905 Stokes Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) ANNE (Last) FLAHARTY

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 55

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH: 2-5-80 ESTIMATED | 9. AGE: Last Birthday 76 yrs. | IF UNDER 1 YEAR: Months 7, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John SATTRAN
14. MOTHER'S MAIDEN NAME: Viola Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S NAME & ADDRESS: 3905 Stokes Drive - Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

3 or 4 IX
IMMEDIATE CAUSE (A) generalized and cebera
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis - cerebro
DUE TO
(C) vascular accident

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16-, 1952 to 9-30-55, that I last saw the deceased alive on 9-30-55, and that death occurred 7:50 A M, from the causes and on the date stated above.
SIGNATURE David Edwards M. D. ADDRESS Spring Grove State Hospital DATE SIGNED 9-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/2/55 | NAME OF CEMETERY OR CREMATORY New Cathedral | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR October 1st 1955 | REGISTRAR'S SIGNATURE R W. | 24. FUNERAL DIRECTOR Leonard Hook | ADDRESS 1305 Harford

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08408

Item 14 Filed 8-10-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) Since May 1st 55; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville; STREET ADDRESS (If rural give location) 6938 Greenvale PKwy

3. NAME OF DECEASED: (First) FLOSSIE (Middle) OPTHAN (Last) FOX

4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): H

8. DATE OF BIRTH: 6/20/1888

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va. USA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UD Othman

14. MOTHER'S MAIDEN NAME: Cloe Nicherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic Cardiac Disease

ANTECEDENT CAUSE (B) DUE TO Generalized arteriosclerosis

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO ~~Cancer~~ 1

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Organic Psychosis

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.4 , 19 55 to 9.9 , 1955, that I last saw the deceased alive on 9.9 , 19 55, and that death occurred at 11.25 P M, from the causes and on the date stated above.

SIGNATURE Rem Bethea M. D. ADDRESS Spring Grove Hosp. DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal-Burial; DATE THEREOF 9-12-55; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State) Dickinson, N. D.

DATE REC'D BY LOCAL REGISTRAR 9-11-55; REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR ADDRESS 3200 Rhode Island Ave Mt Rainier Md

8362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 08409 — Local Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

1. PLACE OF DEATH

COUNTY: Balto. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk R 4 — LENGTH OF STAY (in this place): 5yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 713 Old North Pt. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Same

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elizabeth		Frederick.	Sept 10 1955.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Fem.	White.	Widow.	Sept 22/1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	Wife.	Baltimore Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Peter Ruckelshaus	Minnie Schmidt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs. Elsie Baier (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carbid Vascular Disease DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Immediate (b) Unknown (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Dec 9 - 10-55-6 P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H. McGarmone — ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ M. D. — DATE SIGNED ☑

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-13-55	SCHWARTZ'S CEMETERY	6115 O'DONNELL ST. BALTO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/12/55	C.W. Hedrick	Charles S. Zeiler	901 S. CONKLING ST. BALTO., 24, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08410

84^5

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkton; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: Office

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkton; STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) Horace (Middle) F (Last) Frederick

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word): Married

8. DATE OF BIRTH: March 24 1908

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Parkton MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Frederick

14. MOTHER'S MAIDEN NAME: Minnie Copenhaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 214-20-7278

17. INFORMANT AND ADDRESS: Anna Frederick Parkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 5 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✓, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE: C. M. France (Degree or title): M.D. ADDRESS: Parkton Md. DATE SIGNED: 9/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 15-55 — NAME OF CEMETERY OR CREMATORY: Stebenville Md — LOCATION (City, town, or county) (State): Stafferville Balt MD

DATE REC'D BY LOCAL REG.: Sept 14 1955 — REGISTRAR'S SIGNATURE: Chester L Fenton

24. FUNERAL DIRECTOR: J. Jacob Hartenstein — ADDRESS: Westminster Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08411

84-6

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Calvert; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Wanda (Middle) Libran (Last) Gisw

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1955

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH: 8/10/13 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Gisw | 14. MOTHER'S MAIDEN NAME: Anna Mary Kuchuk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO Mitral insufficiency —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Illness

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20/55, 19, to 9/3/55, 19, that I last saw the deceased alive on 9/3/55, 19, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Newton Ward M. D. ADDRESS DATE SIGNED 9/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 9-3-55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Owings, Md.

DATE REC'D BY LOCAL REGISTRAR 9/3/55 | REGISTRAR'S SIGNATURE V. E. Harvey | 24. FUNERAL DIRECTOR Wm Hutchins & Sons | ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08412

84 7

CERTIFICATE OF DEATH

Reg. Dist. No. 4 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Middle River
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 Ivy Hall Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. — COUNTY:
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
   STREET ADDRESS (If rural give location): 919 N. Streeper St.

3. NAME OF DECEASED: (First) CATHERINE (Middle) STANTON--GRANRUTH (Last) (Type or Print)

4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Nov. 13, 1884

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles J. Schneider

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 4 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Marie Grill, dght. 3521 Brendan Ave. Balto.Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral hemorrhage — Interval Between Onset And Death: 15 Mn.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO — (b) Arterio-sclerotic cardio-vascular disease — 5 yr

DUE TO — (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1955 to Sept 10, 1955, that I last saw the deceased alive on Sept 7 1955, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Nicola M.D. — ADDRESS 423 Eastern Ave Essex 21 Md. — DATE SIGNED 9/12/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 14, 1955 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08413

84^8

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hebbville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3017 Rolling Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebbville X
STREET ADDRESS (If rural give location) 3017 Rolling Road -

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) Christina (Last) Greninger

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow

8. DATE OF BIRTH: Aug 12, 1877

9. AGE last birthday: 78 yrs

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Smink

14. MOTHER'S MAIDEN NAME: Mary F.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO: None.

17. INFORMANT & ADDRESS: Mrs. Weirich Watts, Pikesville 8, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 Min. 1

IMMEDIATE CAUSE (A) Arteriosclerotic Cardio Vascular disease;

ANTECEDENT CAUSE (S) DUE TO (B) Pleural Effusion & Pulmonary oedema

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Myocardial failure.

INTERVAL BETWEEN ONSET AND DEATH: 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 15, 1955, to Sept. 4, 1955 that I last saw the deceased alive on Sept 3, 1955, and that death occurred at 7 AM, from the causes and on the date stated above.

SIGNATURE Claud Smink ADDRESS M.D. 1129 St Paul St Balto, Md DATE SIGNED 9/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Sept 6-55

NAME OF CEMETERY OR CREMATORY: Mt. Olive

LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 3, 1955

REGISTRAR'S SIGNATURE: Harry A Newell

24. FUNERAL DIRECTOR: Frank H. Mace LL. ADDRESS: Pikesville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08414

84 9

CERTIFICATE OF DEATH

Reg. Dist. No. 04

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 5 HOURS 30 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE Evel. 4
STREET ADDRESS (If rural give location) 606 N. APPLETON STREET ✓

3. NAME OF DECEASED: (Type or Print) (First) MELVIN (Middle) D. (Last) GUNTHER

4. DATE OF DEATH: (Month) (Day) (Year) SEPTEMBER 29 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10-10-13

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): JAMESVILLE, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE GUNTHER

14. MOTHER'S MAIDEN NAME: MAGGIE ROGERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 213 10 7561

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) LEFT CEREBRAL HEMORRHAGE — 6 HOURS

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) HYPERTENSION (HISTORY) — UNKNOWN
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒ 12:30 A.M.

21F. HOW DID INJURY OCCUR? 6:00 A.M.

22. I hereby certify that X attended the deceased from Sept 29, 1955, to Sept 29, 1955, that I last saw the deceased XXXXXXXXXXXXXXXXXXXXXXXX and that death occurred at 6:00A M, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D. ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 9/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 10-3-55

NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY

LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE RECD BY LOCAL REGISTRAR 10-3-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR CHARLES R. LAW

ADDRESS 802-04 Madison Ave. Baltimore, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

8410

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08415

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 13 HRS. 40 MINS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 403 N. CURLEY STREET

3. NAME OF DECEASED: (First) FRANK (Middle) J. (Last) HALEK

4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 20, 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 5/12/99

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESSMAN

10B. KIND OF BUSINESS OR INDUSTRY: PRINTING CORP.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FRANK HALEK

14. MOTHER'S MAIDEN NAME: KATHERINE SVEC

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 215-05-7509

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE — (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSE (B) — DUE TO: (A) Arteriosclerotic coronary thrombosis — unk.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — DUE TO: (B) Calcific disease of the aortic valve — unk.

DUE TO: (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Benign prostatic hypertrophy, Arteriosclerosis, aorta

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from SEPT, 19, 1955, to SEPT. 20 19 55 6:40 P.M. 8:20 A.M., and that death occurred at 8:20 AM from the causes and on the date stated above.

SIGNATURE Irving Freeman — ADDRESS — DATE SIGNED

IRVING FREEMAN, M.D. — M.D. VAH, FORT HOWARD, MARYLAND — 9/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 9/23/55 — NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE ✓

24. FUNERAL DIRECTOR — ADDRESS: SCHIMUNEK FUNERAL HOME, 2601 E. MADISON STREET, BALTIMORE, MD.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8411

CERTIFICATE OF DEATH

Reg. Dist. No. 08416

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 67 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 3437 SPELMAN ROAD

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (NMI) (Last) HALL

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 6 (Year) 1955

5. SEX MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 7/2/89

9. AGE last birthday 66 yrs | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) CONSTRUCTION WORK

10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION Co.

11. BIRTHPLACE (State or foreign country) ISLE OF WIGHT, VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW HALL

14. MOTHER'S MAIDEN NAME: ANZEY LANKTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 217 05 2190

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7-21-55

19B. MAJOR FINDINGS OF OPERATION Exploratory thoroco abdominal with biopsy omentum due to adenocarcinoma of stomach

20. AUTOPSY? YES [X] NO [ ]

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from JULY 1, 1955, to SEPT. 6, 1955, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX and that death occurred at 6:00P.M. from the causes and on the date stated above.

SIGNATURE William B. Vandegrift
WILLIAM B. VANDEGRIFT, M.D. M.D.
ADDRESS VAH, FORT HOWARD, MD.
DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9/9/55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9 8 55

REGISTRAR'S SIGNATURE A. D. Aubrich

24. FUNERAL DIRECTOR CHARLES R. LAW MORTUARY, ADDRESS 802-04 MADISON AVE BALTIMORE, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08417

8413

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mount Wilson
LENGTH OF STAY (in this place) 726.55-9355
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount Wilson State Hos P.O. Mt. Wilson, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin, Md. X
STREET ADDRESS (If rural give location) Fork Rd.

3. NAME OF DECEASED: (Type or Print) (First) Theresa (Middle) Julia (Last) Hall

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2.11.1920

9. AGE last birthday 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mc.Keesport Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Krisinsky

14. MOTHER'S MAIDEN NAME: Julia Pottersnak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) UNKNOWN

17. INFORMANT & ADDRESS: Mt. Wilson State Hospital Records, Hospital, Mt. Wilson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X IMMEDIATE CAUSE

(A) 1) Far advanced pulmonary tuberculosis

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) 2) cavernostomy — right.

DUE TO (C) 3) Cerebral hemorrhage (2)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. cor pulmonale

19A. DATE OF OPERATION: Mar 6 1949

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.25.55, to 9.5.55, that I last saw the deceased alive on 9.3.55, and that death occurred at 6.05 A.M., from the causes and on the date stated above.

SIGNATURE William Newcomer M.D. ADDRESS Mt Wilson DATE SIGNED 9.5.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept 7-55

NAME OF CEMETERY OR CREMATORY Hardystone

LOCATION (City, town, or county) (State) Hardystone, New Jersey

DATE REC'D BY LOCAL REGISTRAR SEPT 4, 1955

REGISTRAR'S SIGNATURE Dorothy A. Newell

24. FUNERAL DIRECTOR Frank D. Newell ADDRESS Pittsville Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08418

8363

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 — LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) 501 Main Street

3. NAME OF DECEASED (Type or Print): (First) Eddie (Middle) Owens (Last) Harris

4. DATE OF DEATH: (Month) September (Day) 13 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 15, 1910

9. AGE last birthday: 45 yrs. — If under 1 year: Months 3, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tucker

10b. KIND OF BUSINESS OR INDUSTRY: Steel Plant

11. BIRTHPLACE (State or foreign country): Durham County, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Harris

14. MOTHER'S MAIDEN NAME: Mary Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 242-16-3934

17. INFORMANT AND ADDRESS: Maggie Harris 501 Main St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-Pneumonia — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1955, to Sept 13 1955, that I last saw the deceased alive on Sept 13, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Stodt, M.D. — ADDRESS 140 Oak Avenue, Dundalk 22, Md — DATE SIGNED 9/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/16/55 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetary — LOCATION (City, town, or county) (State): Durham Co., North Carolina

DATE REC'D BY LOCAL REG. 9-14-55 — REGISTRAR'S SIGNATURE R. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Charles R. Law 802-04 Madison Ave.

E E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08419

8413

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Convalescent Home 5313 Edmondson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 6502 Liberty Road

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) (Last) HASSON
4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	July 9 1874	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Balto. Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Kane
14. MOTHER'S MAIDEN NAME: Katherine Ray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Grayson Hasson 6502 Liberty Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral hemorrhage - Multiple

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility - Old Age

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1955, to Sept., 1955, that I last saw the deceased alive on Sept 9, 1955, and that death occurred at 6.40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 3921 Edmondson Ave Sept. 11/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 12 1955	Woodlawn Cemetery	Woodlawn, Balto. Co. Md.

DATE REC'D BY LOCAL REG. Sept 12 55 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR [signature] | ADDRESS 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08420

CERTIFICATE OF DEATH

Reg. Dist. No. 38

8414

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 41 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eudowood Sta Towson 4 Md
STREET ADDRESS (If rural give location) Eudowood Sanatorium

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) MAE (Last) HECK

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb 2 1882
9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Secretary
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Heck
14. MOTHER'S MAIDEN NAME: Anna Wolfangle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Myocardial Failure Chr Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerosis Hypertension

(c)

Interval Between Onset And Death: 8 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pathology to be awaited

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 19 55, to Sept 22, 19 55, that I last saw the deceased alive on Sept 21, 19 55, and that death occurred at 8.30 A.M., from the causes and on the date stated above.

SIGNATURE Melton B Kress (Degree or title)
ADDRESS Eudowood Sanatorium - Towson 4, Maryland
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 24 1955
NAME OF CEMETERY OR CREMATORY London Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 24, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns Sons
ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

8415

08421

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pikesville, Md.
STREET ADDRESS (If rural, give location) 12 Brightside Ave.

3. NAME OF DECEASED: (First) Arther (Middle) F. (Last) Heintzman
4. DATE OF DEATH (Month) (Day) (Year) Sept, 26 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Married	Nov. 21, 1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Proprietor
10b. KIND OF BUSINESS OR INDUSTRY: of Service Station
11. BIRTHPLACE (State or foreign country): Boring, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George F. Heintzman
14. MOTHER'S MAIDEN NAME: Mary M. King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO.: 218-32-3385
17. INFORMANT & ADDRESS: Katherine Flo Heintzman, Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 15 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDING OF OPERATION: None.
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY none
21c. (City or town) (County) (State): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none M
21e. INJURY OCCURRED While at work ☐ none Not while at work ☐
21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples, M. D., M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-30-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept, 30, 55	Baltimore National	Baltimore Maryland

DATE REC'D BY LOCAL REG. 9-30-55
REGISTRAR'S SIGNATURE Mary B. Elvin.
24. FUNERAL DIRECTOR ADDRESS: John T. Stansbury, Woodlawn, Md.

8416 Items 18&19b Film G187 10-6-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08422 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 81 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3 Vol 4
STREET ADDRESS (If rural give location) 558 W. HOFFMAN STREET

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (NMI) (Last) HENDERSON

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 25 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 12-15-01

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ROCK HILL, S. CAROLINA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILL HENDERSON

14. MOTHER'S MAIDEN NAME: MARIAH HENDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 220-01-2077

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) 196x BRONCHOGENIC CARCINOMA [illegible]	TERMINAL
ANTECEDENT CAUSE (S)	(B) [illegible] Arteriosclerosis, generalized	Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) 22x Malnutrition	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Asymtomatic neurosyphilis	Unknown

19A. DATE OF OPERATION: 1 9-23-55

19B. MAJOR FINDINGS OF OPERATION: Rib Biopsy - Periosteal Sarcoma

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 6, 1955, to SEPT. 25 1955, and that death occurred at 7:45 AM, from the causes and on the date stated above.

SIGNATURE [illegible] VA ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service VAH, FORT HOWARD, MARYLAND 9-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 9/29/55

NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL

LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 9/27/55

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: CHARLES R. LAW FUNERAL HOME 802-04 MADISON AVENUE, BALTIMORE 1, MD.

8417

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08423

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt. Wilson Md.; LENGTH OF STAY (in this place) 53 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson, State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY City - Vol 1-4; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, 24 Md; STREET ADDRESS (If rural, give location) P.O. Box 5111, Highlandtown ✓

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) William (Last) Hendrickson

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Separated | 8. DATE OF BIRTH: Sept. 10, 1898 | 9. AGE last birthday: 57 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Christianburg, Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Earl Hendrickson | 14. MOTHER'S MAIDEN NAME: Willie Inn Hutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 213-07-9134 | 17. INFORMANT & ADDRESS: Mt. Wilson St. Hosp. Hospital Records, Mt. Wilson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

00 2X IMMEDIATE CAUSE (A) Tuberculous Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Tuberculosis, of Lung — 2 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28 1955, to Sept 19 1955 that I last saw the deceased alive on Sept 19, 1955, and that death occurred at 5:38 P.M., from the causes and on the date stated above.

SIGNATURE William Mustonen M. D. | ADDRESS Mt Wilson Md. | DATE SIGNED Sept. 20 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/22/55 | NAME OF CEMETERY OR CREMATORY Moreland Mem Park | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR Oct. 6, 1955 | REGISTRAR'S SIGNATURE Dorothy Newell | 24. FUNERAL DIRECTOR Lansdale Funeral Home | ADDRESS 7401 Belair Rd

8418

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08424 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 50 Everlasting Rd.

3. NAME OF DECEASED: (Type or Print) (First) CONRAD (Middle) (Last) HERION

4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-20-1874

9. AGE Last birthday: 81 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Herion

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Anna Herion (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 802 X Mutilating injuries — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Railroad tracks

21c. (City or town) Berries R. Crossing (County) Balto. Co. (State) Md.

21d. TIME OF INJURY (Month) 9 (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Struck by train while [illegible] truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Paul F. Emerl M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 9-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/18/55

NAME OF CEMETERY OR CREMATORY: Tudor Park

LOCATION (City, town, or county) (State): Balto, Md.

DATE REC'D BY LOCAL REG. 9/19/55

REGISTRAR'S SIGNATURE Faith Hurley

24. FUNERAL DIRECTOR ADDRESS: John J. Connelly Essex, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08425

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8419

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LUTHERVILLE — LENGTH OF STAY (In this place) 8 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS COLLEGE MANOR HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (21)
STREET ADDRESS (If rural, give location) HERZINGER ROAD

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) J. (Last) HERZINGER
4. DATE OF DEATH (Month) (Day) (Year): SEPT. 30, 1955
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: JAN. 15, 1865
9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor Retired 50 Years
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JACOB HERZINGER
14. MOTHER'S MAIDEN NAME: ELIZA HAEFNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: JOHN G. ADAM 4307 HARFORD ROAD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage due to arteriosclerosis — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Terminal pneumonia

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Benign prostatic hypertrophy with secondary infection

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Sept 30, 1955, that I last saw the deceased alive on Sept 28, 1955, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Walter B. Burch M.D. 18 E. Eager St Balto-2 Oct 3, 55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: OCT. 3, 1955 — NAME OF CEMETERY OR CREMATORY: DRUID RIDGE CEMETERY — LOCATION (City, town, or county) (State): PIKESVILLE MD.

DATE REC'D BY LOCAL REG. 10-3-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: HENRY SANDER & SONS INC., BALTIMORE 13, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08426

8420

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Maryland
LENGTH OF STAY (in this place) 4 Hrs. 45 M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 405 S. Caton Avenue

3. NAME OF DECEASED (Type or Print): (First) MAURICE (Middle) J. (Last) HERZOG

4. DATE OF DEATH: (Month) September (Day) 26 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9/21/12
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Herzog
14. MOTHER'S MAIDEN NAME: Ella Finn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 216-16-7806
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — IMMEDIATE CAUSE	(A)	MITRAL INSUFFICIENCY (RHEUMATIC)	UNKNOWN
ANTECEDENT CAUSE (S)	DUE TO (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		THROMBOSIS OF LEFT AURICLE	UNKNOWN

410X

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT.26, 1955 3:45 P.M., to SEPT.26, 1955 8:30 P.M. XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 9-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF SEPT. 30, 1955
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS William Cook-Blight Funeral Home, Inc. 6009 Harford Road, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

08427

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8421

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gray Manor
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto 22nd
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gray Manor
STREET ADDRESS 1054 (If rural, give location) Main Hill Rd. Balto 22

3. NAME OF DECEASED (Type or Print): (First) Beatrice (Middle) Dolores (Last) Holland
4. DATE OF DEATH: (Month) September (Day) 3rd (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: February 15th 1930
9. AGE last birthday: 25 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nelson Jackson Holland Sr
14. MOTHER'S MAIDEN NAME: Jennie Wroston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-28-0260
17. INFORMANT AND ADDRESS: William Holland 1054 Main Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1952 to September 1955, that I last saw the deceased alive on September 3 1955, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE? (Degree or title) Thomas MD. ADDRESS 10 N. Main St Balto 22 DATE SIGNED 9/6/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	SEPT. 7. 1955	OAK LAWN	COLGATE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 6-1955	William M. Kelly	ULLRICH FUNERAL HOME	2112 DUNDALK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08428

CERTIFICATE OF DEATH

Reg. Dist. No. 8422

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9008 Harford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto. 3 Vol-4
STREET ADDRESS (If rural give location) 2818 Harview Ave. ✓

3. NAME OF DECEASED: (First) REV. (Middle) GEORGE J. (Last) HOOKER
4. DATE OF DEATH: (Month) Sept. (Day) 27, (Year) 19 55

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Oct. 2, 1880
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Methodist Church
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benj. F. Hooker
14. MOTHER'S MAIDEN NAME: Sarah E. Glenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Neva Hooker - 2818 Harview Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
177X
IMMEDIATE CAUSE (A) Carcinoma of the Prostate — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSE (B) DUE TO with metastases to bones & liver
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: August 1953
19B. MAJOR FINDINGS OF OPERATION Carcinoma of the Prostate
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1955, to Sept 27, 1955, that I last saw the deceased alive on Sept 27, 1955, and that death occurred at 8:25 A M, from the causes and on the date stated above.
SIGNATURE E. Tolessi M. D. ADDRESS 6217 Harford Rd Baltimore 14 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/30/55
NAME OF CEMETERY OR CREMATORY Baltimore Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 9-2
REGISTRAR'S SIGNATURE ✓
24. FUNERAL DIRECTOR Wm. J. Sodemer & Sons, Balto 17 Md. ADDRESS

8423 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 08429

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown | LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9134 Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) 9134 Liberty Rd.

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) RIVERS (Last) HOOPER

4. DATE OF DEATH (Month) Sept (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 28, 1889

9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washington Co. N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earnest Poyner

14. MOTHER'S MAIDEN NAME: Sarah Knowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Un. (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: James L. Hooper (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ..... DUE TO Hypertensive Arteriosclerotic C-V. Disease — Interval Between Onset and Death: 4 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None.

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None.

21c. (City or town) (County) (State) None.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Eagles M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 9/24/55 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | LOCATION (City, town, or county) Woodlawn, (State) Md.

DATE REC'D BY LOCAL REG. 9-22-55 | REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08430

CERTIFICATE OF DEATH

Reg. Dist. No. 75

8434

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 317 Riverside Drive

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) A. (Last) HORST

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-22-1880
9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Horst
14. MOTHER'S MAIDEN NAME: Barbara ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): -
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Helen Horst (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
450.1
Immediate cause (a) Mesenteric Thrombosis, Peritonitis — Interval between onset and death: 2 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Generalized arteriosclerosis — several years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of left leg. - Amputation Sept. 1955

19a. DATE OF OPERATION: Sept. 1955
19b. MAJOR FINDINGS OF OPERATION: Gangrene of leg.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1955, to Sept. 18, 1955, that I last saw the deceased alive on Sept. 18, 1955, and that death occurred at 8.45 p.m., from the causes and on the date stated above.
SIGNATURE Eugene C. Baumann, M.D. (DEGREE OR TITLE) ADDRESS 413 Eastern Ave. Essex #21 Md. DATE SIGNED 9-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-21-55
NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem.
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 9/19/55
REGISTRAR'S SIGNATURE Edith Hurley
24. FUNERAL DIRECTOR: John L. Connelly, Essex, Md. ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08431

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8425

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Armagost Home 812 Lynnewood Ave. Balt. 12

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 2538 Belair Road

3. NAME OF DECEASED (Type or Print): (First) WILHELMINA (Middle) (MINNIE) ANNA (Last) HOUCK

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 27, 1890

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Pfaff

14. MOTHER'S MAIDEN NAME: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Charles G. Houck, 1735 Edgewood Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 5 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ---

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension, Arteriosclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: Diverticulitis with Abscess - Ins. Ca Sigmoid-Colostomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1953, to Aug. 31, 1955, that I last saw the deceased alive on Aug. 30, 1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward H. [illegible] M.D. ADDRESS [illegible] Md. DATE SIGNED Sept. 1, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/5/55 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9-3-55 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

8426 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08432

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) Westminster Road

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Marie (Last) Hunter

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Sept. 8, 1905
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: L. Edward Myers
14. MOTHER'S MAIDEN NAME: Bessie Edith Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: J. Rollin Hunter, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
170X IMMEDIATE CAUSE	(A) Carcinoma of Rt Breast	Nov. 1953
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Metastasis to pancreas	Feb 1955
	DUE TO (C) Cachexia	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-53, to 9-21-55, that I last saw the deceased alive on 9-21-55, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE John L. Laffell M.D. ADDRESS Reisterstown Md DATE SIGNED 9-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept. 23/55
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 9-25-55
REGISTRAR'S SIGNATURE: Mary B. Eline
24. FUNERAL DIRECTOR: J. F. Eline & Sons ADDRESS: Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09460

9468

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 11 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard,
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) R. (Last) HYNSON

4. DATE OF DEATH: (Month) September (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3/7/89

9. AGE last birthday: 66 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10B. KIND OF BUSINESS OR INDUSTRY: Fishing

11. BIRTHPLACE (State or foreign country): Wittman, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph S. Hynson

14. MOTHER'S MAIDEN NAME: Mary Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 220-32-0495

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) THROMBOSIS OF RIGHT VERTEBRAL AND RIGHT POSTERIOR CEREBRAL ARTERIES; INFARCTION OF RIGHT DIENCEPHALON, CEREBELLAR HEMISPHERES AND OCCIPITAL LOBES — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.21, 1955, to Sept.30, 1955, and that death occurred at 7:15PM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D.

ADDRESS M. D. VAH, Fort Howard, Maryland

DATE SIGNED 10-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/5/55

NAME OF CEMETERY OR CREMATORY Richards Cemetery

LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-5-55

REGISTRAR'S SIGNATURE Dawson L. Harbor

24. FUNERAL DIRECTOR James B. Dashiell's Funeral Home

ADDRESS Easton, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08433

8437

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 Vol. 4
STREET ADDRESS (If rural give location) 1028 W. Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) N. (Last) JACKSON

4. DATE OF DEATH: (Month) September (Day) 30 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced
8. DATE OF BIRTH: 1/25/10
9. AGE last birthday: 45 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Jackson
14. MOTHER'S MAIDEN NAME: Henrietta Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 218-10-2666
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0
IMMEDIATE CAUSE (A) ACUTE PHLONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN
DUE TO
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B)
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. AMYOTROPHIC LATERAL SCLEROSIS

19A. DATE OF OPERATION: 11-30-54
19B. MAJOR FINDINGS OF OPERATION: LAMINECTOMY CERVICAL AND SECTION OF DENTATE LIGAMENT
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from Sept.24, 19 55 to Sept.30, 1955, that I last saw the deceased alive on [illegible] and that death occurred at 2:20 P.M., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D.
ADDRESS: M. D. VAH, Fort Howard, Md.
DATE SIGNED: 10-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10-5-55
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 10-3-55
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: George Kelson Funeral Home
ADDRESS: 1348 N. Calhoun St., Baltimore 17, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

8428

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08434

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: BALTIMORE — STATE: MARYLAND — LENGTH OF STAY (in this place): D.O.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FORT HOWARD
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 1118 N. MONROE STREET,

3. NAME OF DECEASED (Type or Print): (First) OTIS (Middle) J. (Last) JONES
4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 14 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	COLORED	SINGLE	2-14-07	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SKILLED LABORER	BETH.STEEL CO.	ROXBORO, NORTH CAROLINA	U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Augusta MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WW II	213-09-0748	CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4 7 X Immediate cause	(a) LOBAR PNEUMONIA - Right - Upper Middle +	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lower Lobes	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide _, homicide _, undetermined _.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M D Davis M.D	Dep. Med. Examiner	Dundalk-22-Md	9-15-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-19-55	BALTIMORE NATIONAL CEMETERY	BALTIMORE, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR AND ADDRESS
		ELROY WILSON FUNERAL HOME 1000 BRANTLEY STREET, BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08435

8429

CERTIFICATE OF DEATH

Reg. Dist. No. 2 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 253 S. Loudon Ave

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) C. (Last) Joyce
4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: 12/12/1866
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House work at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Henry Silverzahn
14. MOTHER'S MAIDEN NAME: Mary Weathers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Michael E. Joyce 3007 Fine Harlem

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Respiratory failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension
DUE TO (c) Degeneratory & Hypertrophy

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Failure

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to 22 Sept, 1955, that I last saw the deceased alive on 22 Sept, 1955, and that death occurred at 4.05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William J. Bryon M.D.
ADDRESS 4605 Edmondson ave Balto
DATE SIGNED 23 Sept 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/26/55
NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
LOCATION (City, town, or county) (State) 4300 Old Frederick Rd

DATE REC'D BY LOCAL REGISTRAR 9-23-55
REGISTRAR'S SIGNATURE Dr. Helen Dee
24. FUNERAL DIRECTOR John J. Cowan & Son
ADDRESS 95 Hollins

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08436

8430

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex. 54
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home 33

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 4
STREET ADDRESS (If rural, give location) 306 Riverside Drive

3. NAME OF DECEASED: (Type or Print) (First) Estelle (Middle) T. (Last) Keller

4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	April 19, 1883	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Balto. Md.	U.S.A.

13. FATHER'S NAME: Christopher Chapman

14. MOTHER'S MAIDEN NAME: Elizabeth Wilkenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Louis Keller Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arterio-sclerotic cardio-vascular-renal disease	8 yrs
	(c) DUE TO	

442 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 17, to Sept 9, 1955, that I last saw the deceased alive on Sept 8, 1955, and that death occurred at 8:05 A m., from the causes and on the date stated above.

SIGNATURE Joseph Mark (DEGREE OR TITLE) MD ADDRESS 423 Eastern Ave Essex 21 Md DATE SIGNED 9/9/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/12/55	Quincy Cem	Balto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 9 1955	A. W. Hodges	John J. Connelly	Essex, Md

7

8431

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08437

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 5mos. 9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3 V 31 - 4
STREET ADDRESS (If rural, give location) 4023 Ridgecroft Road ✓

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) (Last) Keller

4. DATE OF DEATH (Month) 9-1- (Day) (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	1-14-1872	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
~~Unknown~~ John Henshaw	~~Unknown~~ Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary congestion and edema	hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Pulmonary thrombosis	hours
DUE TO		
(c)	Arteriosclerotic cardiovascular disease	Years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of neck of left femur

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)
	Hospital	Catonsville Baltimore Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR
8-10-55 1:30 P.M.		Found patient lying on floor. Assumed she fell.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo M. Kieffer M. D. 1010 Leeds Ave

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-2-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/3/55	Oak Lawn Cem.	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
September 3, 1955	R. W.	Leonard J. Ruck	5305 Harford

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08438

CERTIFICATE OF DEATH

8432

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 CATONSVILLE
LENGTH OF STAY (in this place) 1 year 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 SPRING GROVE ST. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Br. Baltimore 23 X 1
STREET ADDRESS (If rural give location) 1642 Aberdeen Rd.

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) MICHAEL (Last) KIRSCH

4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 12-23-1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): upholster

10B. KIND OF BUSINESS OR INDUSTRY: Ret —

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY? by birth

13. FATHER'S NAME: LOUIS KIRSCH

14. MOTHER'S MAIDEN NAME: MARY LOUISE SHERSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1 IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arterisc. Cardio Vasc. Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5 ..... , 1955, to 9/22 , 1955, that I last saw the deceased alive on 9/22 , 1955, and that death occurred at 4.15 P.M, from the causes and on the date stated above.

SIGNATURE Sheila Wachsler ADDRESS M.D. Spring Grove Med Hospital DATE SIGNED 9 22 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 9-26-55

NAME OF CEMETERY OR CREMATORY GREENMOUNT

LOCATION (City, town, or county) (State) BALTO Md.

DATE REC'D BY LOCAL REGISTRAR 9-22-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Leonard J. Luck 5305 N. [illegible]

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8433

CERTIFICATE OF DEATH

08439

Reg. Dist. No. 07

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bowley's Quarter
LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 Bay Drive.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore X
STREET ADDRESS (If rural, give location) 2000 N. Payson St. 1

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) (Last) KLEIN
4. DATE OF DEATH (Month) Sept (Day) 17 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	single	Feb. 5. 1897	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Klein
14. MOTHER'S MAIDEN NAME: Mary Hadewig.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. John I. Stely 1919 E. Federal St. ~~Baltimore 13 Md.~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174X
Immediate cause (a) Cancer of the uterus — 2 years

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) also Cerebral apoplexy
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 1, 19 55, to Sept 17, 19 55, that I last saw the deceased alive on Sept 13, 19 55, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irvine R Beck	MD	901 Lupe Lane W Baltimore 29 Md.	Sept 19, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 21. 1955	Woodlawn Cemetery	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sep 20 55	[illegible] Registrar	HENRY SANDER & SONS. INC.	Baltimore Md. Geo F. Sander

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ~~name~~ uses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

8434

08440

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKAWAY BEACH — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 386 Turkey Point Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKAWAY BEACH
STREET ADDRESS (If rural, give location) Box 386 Turkey Point Rd.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK. (Middle) (Last) KRAUSE
4. DATE OF DEATH: (Month) SEPT (Day) 16 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED.
8. DATE OF BIRTH: June 30, 1878
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman
10b. KIND OF BUSINESS OR INDUSTRY: Balto Water Dept
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Krause
14. MOTHER'S MAIDEN NAME: Mary Betzold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Irene Diegert, 8110 Duvall Ave, Balto 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — 5 YEARS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA OF RECTUM — 12 YEARS.

19a. DATE OF OPERATION: 1943
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF RECTUM.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC., 1951, to SEPT., 1955, that I last saw the deceased alive on JUNE 16, 1955, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Fowler R. Mann, M.D. — 8009 Philadelphia Rd. Balto, Md. — 9-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept 22, 1955
NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cem.
LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE REC'D BY LOCAL REG. 9-19-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home 4210 Belair Rd. —6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

8435

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09475

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 9yr4mo20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Ada (Middle) (Last) Kropp
4. DATE OF DEATH: (Month) September (Day) 7 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 12-11-1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Kropp
14. MOTHER'S MAIDEN NAME: Virginia Grseking

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

195X
IMMEDIATE CAUSE (A) Pulmonary and multiple metastases
DUE TO
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — (B) Carcinoma of parathyroid gland
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2-5-55 Tracheotomy
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of parathyroid gland with metastases to lungs & invasion of cervical sympathetic chain, oropharynx, larynx, esophagus and recurrent laryngeal nerve bilateral paralysis of vocal cord
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 4-18- , 19 46 to 9-7- , 19 55 that I last saw the deceased alive on 9-7- , 1955, and that death occurred at 8:45 P.M. from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 9-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-12-55
NAME OF CEMETERY OR CREMATORY W Lincoln Cemetery
LOCATION (City, town, or county) Palmer Manor (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/12/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR E. Bacchi Sons
ADDRESS Hyatts., Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08441

CERTIFICATE OF DEATH

8486 Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore X
STREET ADDRESS (If rural give location) 1617 Dulittle Road

3. NAME OF DECEASED: (Type or Print) (First) Mae (Middle) H (Last) Larsen

4. DATE OF DEATH (Month) (Day) (Year) September 1, 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 9-23-1872 | 9. AGE last birthday 82 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Larsen
14. MOTHER'S MAIDEN NAME Kathryn Hyland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | If Yes, give war or dates of service
16. SOCIAL SECURITY NO Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
IMMEDIATE CAUSE (A) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic cardiovascular disease Years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-3- , 1955 to 9-1- , 1955, that I last saw the deceased alive on 9-1- , 19 55, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE M. D. Wm. H. Cohen
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/5/55 | NAME OF CEMETERY OR CREMATORY Cathedral Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR September 3. 1955 | REGISTRAR'S SIGNATURE RW | 24. FUNERAL DIRECTOR H. H. Mears & Son | ADDRESS 805 N. Calvert Street

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0)8442

8367

CERTIFICATE OF DEATH

Reg. Dist. No. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Oaklee Village

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 119 Oaklee Village

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Fountain (Last) Lawson

4. DATE OF DEATH: (Month) Sept. (Day) 3, (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 12, 1912

9. AGE last birthday: 43 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: John Hancock Ins.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William H. Lawson

14. MOTHER'S MAIDEN NAME: Jane R. Fountain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-01-3959

17. INFORMANT & ADDRESS: Mildred A. Lawson, 119 Oaklee Village

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia, Primary atypical — Interval between onset and death: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hodgkin's Disease — 4.5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 19 55, to 9-3, 19 55, that I last saw the deceased alive on 9-3, 19 55, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Guy F. Schaefer M.D. ADDRESS 401 Random Road-Balto. 29 DATE SIGNED 9/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-7-55 — NAME OF CEMETERY OR CREMATORY Louden Park — LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. Sept 6 55 — REGISTRAR'S SIGNATURE Geo Rieffer

24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08443

CERTIFICATE OF DEATH

8437 — Reg. Dist. No. 38

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WRITE PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information must be carefully supplied. Physicians: please write the causes of death clearly and legibly. The
THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH.

1. NAME OF DECEASED (Type or Print): X JACOB LE BOFF
2. DATE OF DEATH: 9-30-1955
3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. Washington 2307 HANWAY RD
c. Length of stay in Baltimore: Yrs. 50 Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE MARYLAND B. COUNTY X
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. CO.
D. STREET ADDRESS (If rural, give location): 2307 HANWAY RD
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GROCER
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: NOT KNOWN
14. MOTHER'S MAIDEN NAME: NOT KNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): 1
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: RUTH TUBIN — ADDRESS: SAME

M.L. CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach — 10 months
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) —
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II: DATE OF OPERATION: July 14, 1955
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of Stomach
20. AUTOPSY? YES ☐ NO ☑
21A. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21B. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 28 19 55 to Sept. 30, 19 55, that (I) (~~we~~) last saw the deceased alive on Sept. 11 19 55, and that death occurred at 1.00 a.m., from the causes and on the date stated above.

23A. SIGNATURE: John Tilden Howard, M.D. — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS ☐
23B. ADDRESS: 12 E. Eager St. Balto
23C. DATE SIGNED: Sept. 30, 55

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-30-1955
24C. NAME OF CEMETERY OR CREMATORY: Windsor Mill Rd
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: SEP 30 1955
REGISTRAR'S SIGNATURE: Mrs. Dorothy Newell
25. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2104 Eutaw Pl.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08444

8438

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville X
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 741 Howard Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville X
STREET ADDRESS (If rural give location) 741 Howard Rd. 1

3. NAME OF DECEASED: (First) Sarah (Middle) Ellen (Last) Lehew

4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow 8. DATE OF BIRTH: 2-20,1871 9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Akers 14. MOTHER'S MAIDEN NAME: Mary Shepard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. none 17. INFORMANT & ADDRESS: Mrs. Lehew. 741 Howard Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture left hip — 2 yrs

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan., 1955, to 26 Sep, 1955, that I last saw the deceased alive on 24 Sep., 1955, and that death occurred at 3:20 M, from the causes and on the date stated above.

SIGNATURE: Paul H Royer — ADDRESS: M.D. Pikesville 8 Md. — DATE SIGNED: 26 Sep 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Sept 29-55 — NAME OF CEMETERY OR CREMATORY: Highland — LOCATION (City, town, or county) (State): Parnell - Oklahoma

DATE REC'D BY LOCAL REGISTRAR: Sept 26, 1955 — REGISTRAR'S SIGNATURE: Dorothy L. Powell — 24. FUNERAL DIRECTOR: Frank H. Neuert — ADDRESS: Pikesville Md

(4)

8439

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08443

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE; LENGTH OF STAY (in this place) LIFE; HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 WESTSHIRE RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE; STREET ADDRESS (If rural give location) 305 WESTSHIRE RD.

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) M. (Last) LEIDIG

4. DATE OF DEATH: (Month) SEP. (Day) 16 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOW

8. DATE OF BIRTH: MAY 19, 1875

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): BALTO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY GRAFF

14. MOTHER'S MAIDEN NAME: KATHERINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MR. GEORGE H. LEIDIG, 305 WESTSHIRE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSE (B): Chr. Hypertensive Cardio-Vascular Disease — 13 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4, 1942 to 9-16, 1955 that I last saw the deceased alive on 9-15, 1955, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE: Wilson K. Talbert M.D. ADDRESS: Catonsville-28 Md. DATE SIGNED: 9-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL; DATE THEREOF: SEP. 19/55; NAME OF CEMETERY OR CREMATORY: LOUDON PARK; LOCATION (City, town, or county) (State): BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR: 9-19-55; REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: Harry A. Smith; ADDRESS: 4101 EDMONDSON AVE.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8440 08446

CERTIFICATE OF DEATH

Reg. Dist. No. 45

Item 7, Filed 187 9-28-55 et

1. PLACE OF DEATH: COUNTY Baltimore OLIVER BEACH. STATE MARYLAND MD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - MD. | LENGTH OF STAY (In this place) 2 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOX 70 GREEN BANK RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE BALTIMORE COUNTY MD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLIVER BEACH X
STREET ADDRESS (If rural give location) BOX 70 GREEN BANK RD. 1

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) STRAIN (Last) LEWIS
4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-29-1880
9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOOD CHECKER.
10b. KIND OF BUSINESS OR INDUSTRY: BELVEDERE HOTEL
11. BIRTHPLACE (State or foreign country): YORK PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: WHEELER.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-2126
17. INFORMANT: CHARLOTTE ERNSTBERGER BOX 70 GREEN BANK RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclertic Heart Disease — Interval Between Onset and Death: years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB., 19 55, to SEPT 1, 19 55, that I last saw the deceased alive on AUG 31, 19 55, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert A. Lyden M.D. 815 Eastern Ave. Balt. 21 MD 8/31/55.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9-3-1955 | NAME OF CEMETERY OR CREMATORY SACRED HEART | LOCATION (City, town, or county) (State) BALTIMORE - MD

DATE REC'D BY LOCAL REG. SEP 6 - 1955 | REGISTRAR'S SIGNATURE Mrs Edith Turley | 24. FUNERAL DIRECTOR Walter Dabrowski ADDRESS 1001 A. Dundalk Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0844?

8441

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: FORT HOWARD
LENGTH OF STAY (in this place): 186 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural give location): 1604 WEST PRATT STREET

3. NAME OF DECEASED: (First) HUGH (Middle) (NMI) (Last) LITCHFIELD

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 7 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 8-9-88

9. AGE last birthday: 67 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER

10B. KIND OF BUSINESS OR INDUSTRY: Daugherty Kuhn

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: GRAFTON LITCHFIELD

14. MOTHER'S MAIDEN NAME: MARY J. GALVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES
(If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-03-3482

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

20412

IMMEDIATE CAUSE (A) MONOCYTIC LEUKEMIA, CHRONIC — INTERVAL BETWEEN ONSET AND DEATH: 10 MO.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from MAR. 5, 1955, to SEPT. 7, 1955, that I last saw deceased alive on [illegible] and that death occurred at 10:05 A M, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift — ADDRESS — DATE SIGNED

WILLIAM B. VANDEGRIFT, M.D. M. D. VAH, FORT HOWARD, MARYLAND 9-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 9/12/55
NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEM.
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 9-9-55
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: HARRY H. WITZKE FUNERAL HOME
ADDRESS: 4101 Edmondson ~~Rolling & Gilmor Streets~~, BALTIMORE, MD.

9442

08448

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Galto — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rockdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pa. R.R Frgts.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47X 3
STREET ADDRESS (If rural, give location) 2511 14th St. N.E

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) S (Last) MacElwain.

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: May 3 - 1905

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Penn. R.R.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Warren MacElwain

14. MOTHER'S MAIDEN NAME: Nellie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) R.R. Conductor

16. SOCIAL SECURITY No.: Pa.R.R Freight.

17. INFORMANT & ADDRESS: Police Escort Sta., Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Hit by train — body completely	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) torn to pieces, Head Off + extremeties	
DUE TO		
	(c) Off, body dragged 200 yds on truck	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION: Below Knees

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) Pa. R.R. Yards (County) Galto. (State) S

21d. TIME (Month) (Day) (Year) OF INJURY 9 14 1955 (Hour) 2:50 (M.P.M.)

21e. INJURY OCCURRED While at work ☑ Not while at work ☐

21f. HOW DID INJURY OCCUR? Hit by train while Crossing track

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. M. Carmine M. D.

~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ ☑ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept. 19-55

NAME OF CEMETERY OR CREMATORY Arlington Natl.

LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901, 14th St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08449

8493

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 5yrs.7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 X 1
STREET ADDRESS (If rural give location) 6507 York Road

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) R. (Last) Mairs

4. DATE OF DEATH (Month) (Day) (Year) September 1, 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 6-17-1867 | 9. AGE last birthday: 88 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): England | 12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: William Mairs ?

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

794 X IMMEDIATE CAUSE (A) Dehydration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO Exhaustion

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Illness

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-25- , 1950 to 9-1- , 1955, that I last saw the deceased alive on 9-1- 1955, and that death occurred at 4:20 PM, from the causes and on the date stated above.

SIGNATURE Charles Mews M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9-2-1955 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9-2-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.,

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8444

CERTIFICATE OF DEATH

08450

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lodge Forrest Nursing H

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) 512 EDGEWATER Apts

3. NAME OF DECEASED (Type or Print): (First) Chola (Middle) D (Last) MANYUM
4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: MAY 19, 1881
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John Conniff
14. MOTHER'S MAIDEN NAME: Bridget Conniff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: NONE
17. INFORMANT: Kenneth Manyum 2902 Clear View Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Md. Md. 9/20/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 9/23/55 | NAME OF CEMETERY OR CREMATORY: MOUNT MARIA | LOCATION (City, town, or county) (State): Towson MARYLAND

DATE REC'D BY LOCAL REG. 9-23-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: CHARLES F. EVANS JR. 118 W. Mt. Royal Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8445

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08451

CERTIFICATE OF DEATH

Reg. Dist. No. 36

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 E. JOPPA ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 208 E. JOPPA ROAD

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) M. (Last) MASON

4. DATE OF DEATH: (Month) SEPT. (Day) 19, (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: FEB. 11, 1889
9. AGE last birthday 66 yrs.
IF UNDER 1 YEAR: Months —, Days —
IF UNDER 24 HRS.: Hours —, Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN BAER
14. MOTHER'S MAIDEN NAME: AURORA A. STÜECKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: T. LYDE MASON, JR. 208 E. JOPPA RD. TOWSON 4, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
IMMEDIATE CAUSE (A) Breast malignancy — INTERVAL BETWEEN ONSET AND DEATH: 3 years
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION: Cancer of rt breast
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to 9/19, 1955 that I last saw the deceased alive on 9/17, 1955, and that death occurred at 4:47 PM, from the causes and on the date stated above.

SIGNATURE Franklin C. Fiske
M. D. ADDRESS 2929 N. Charles St
DATE SIGNED 9/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF SEPT. 22, 1955
NAME OF CEMETERY OR CREMATORY DRUID RIDGE CEM.
LOCATION (City, town, or county) PIKESVILLE, BALTO. CO.
(State) MD.

DATE REC'D BY LOCAL REGISTRAR Sept. 22, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR AND ADDRESS John Burns' Sons, Towson, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8446

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08452

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
LENGTH OF STAY (in this place) 30 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1102 Gregory Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (SAME)
STREET ADDRESS (If rural give location) (SAME) 52

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) L. (Last) McCULLEY

4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 7/7/1876

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman

10B. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm. McCulley

14. MOTHER'S MAIDEN NAME: E. Eckhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) S. A.

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Edna Bergman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Coronary Thrombosis and occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

DUE TO

(B) Advanced Atherosclerotic and hypertensive

DUE TO Cardiovascular disease with [illegible]

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Mar., 1952 to 27 Sept., 1955, that I last saw the deceased alive on 27 Sept., 1955, and that death occurred at 1 P M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS 921 Winans Way DATE SIGNED 9-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/30/55

NAME OF CEMETERY OR CREMATORY Western

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 9/29/55

REGISTRAR'S SIGNATURE C. E. Harry

24. FUNERAL DIRECTOR Mac. Bal. & Son

ADDRESS 28

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

8447

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08453

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyde
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Long Green Pike

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Bal't
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyde
STREET ADDRESS (If rural, give location): Long Green Pike

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W (Last) McLean

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. [redacted], MARRIED, [redacted], DIVORCED (Specify)

8. DATE OF BIRTH: Oct. 14, 1885

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B McLean

14. MOTHER'S MAIDEN NAME: Deborah Cropsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-05-6889

17. INFORMANT: Mary McLean - Long Green Pike

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X Immediate cause (a) Hepatic Ca. c. Cachexia & debilitation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Ca of stomach

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: [illegible]

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED — While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-3-55 — NAME OF CEMETERY OR [redacted]: Waugh Methodist — LOCATION (City, town, or county): Hyde (State): Md

DATE REC'D BY LOCAL REG.: 10/4/55 — REGISTRAR'S SIGNATURE: G. Hildebrandt

24. FUNERAL DIRECTOR: Chas. F. Evans & Son — ADDRESS: 8802 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08454

8448

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (3)
STREET ADDRESS (If rural give location): 712 N. Collington Ave

3. NAME OF DECEASED (Type or Print): (First) Reba (Middle) FLORENCE (Last) Meadows

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 11th 1918

9. AGE last birthday: 36 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Morris

14. MOTHER'S MAIDEN NAME: Ella Knight.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-30-6371

17. INFORMANT & ADDRESS: Eudowood Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): 002X Pulmonary Tuberculosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b): — DUE TO

(c):

Interval Between Onset And Death: 11 mo.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1955 to Sept 13, 1955, that I last saw the deceased alive on Sept 14, 1955, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton B. Kress M.D. — ADDRESS: Eudowood Sanatorium - Towson 4, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 9/15/55 — NAME OF CEMETERY OR CREMATORY: EVERGREEN CEM — LOCATION (City, town, or county) (State): STANARDSVILLE, VA.

DATE REC'D BY LOCAL REGISTRAR: 9-14-55 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: JOHN F. DENNY, INC. — ADDRESS: 715 LIGHT ST.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08455

8449

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
LENGTH OF STAY (in this place) 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgway Manor Nursing Home 91

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
STREET ADDRESS (If rural, give location) 601 Aldershot Road.

3. NAME OF DECEASED: (Type or Print) (First) Marguerite (Middle) Louise (Last) Meiser

4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: Feb 22. 1876

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Korn

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service) /

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frederick W. Meiser 601 Aldershot Rd. 57

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (442x)	(a) Cerebral Accident	9 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular Renal Disease — DUE TO	Several yrs.
	(c) — DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of lower back — 2 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Sept 26, 1955, that I last saw the deceased alive on Sept 25, 1955, and that death occurred at 7.45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Samuel Morris, 11 E. Chase St. Balto. 2 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept 29. 1955

NAME OF CEMETERY OR CREMATORY: London Park

LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 9/29/55

REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: John H. Teufel 5311 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

08456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8450

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8005 Hillendale Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 8005 Hillendale Rd

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) R (Last) Mellott
4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 19-1882
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY: Black + Decker Co
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? U.S.a
13. FATHER'S NAME: Nathan Mellott
14. MOTHER'S MAIDEN NAME: Julia Nagel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-09-9343
17. INFORMANT AND ADDRESS: Mrs Harvey Mellott 8005 Hillendale Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary artery occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 6/5 19 53, to 9/20 19 55, that I last saw the deceased alive on 9/20 19 55, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] MD 8 [illegible] Hillendale Rd 9/21/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/23/55
NAME OF CEMETERY OR CREMATORY: Needmore Brethern Cem
LOCATION (City, town, or county) (State): Needmore Pa

DATE REC'D BY LOCAL REG. 9-21-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR: Lansdowne Funeral Home
ADDRESS: 7401 Belair Rd

8451

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08457

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Vol-4
STREET ADDRESS (If rural give location) 3212 Woodland Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Edna Marie Meyers

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 27 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: 9-18-1885

9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 70 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Heck

14. MOTHER'S MAIDEN NAME: Catherine Pinschmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Jerome Meyers - 3212 Woodland Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

44 X

IMMEDIATE CAUSE (A) Cerebro-Vascular Accident

ANTECEDENT CAUSE (S' DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Hypertensive Cardio-Vascular Disease DUE TO

(C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [1] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2 1955, to 9-27, 1955, that I last saw the deceased alive on 9-27, 1955, and that death occurred at 6:25 PM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Spring Grove State Hosp DATE SIGNED 9-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/30/55

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 9-29-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto, Md

08458

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8452

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Essex

LENGTH OF STAY (in this place): all her life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — 54

STREET ADDRESS (If rural, give location) 8220 Eastern Blvd

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Mary	Ann	MEYERS	September 4 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	Widowed	June 8. 1878	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Berno	Anna Mary Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	none	Alfred J. MEYERS. 8220 Eastern Blvd. Balto 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	3 years.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriasclerosis	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Sept 4, 1955, to Sept 4, 1955, that I last saw the deceased alive on Sept 4, 1955, and that death occurred at 430 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
George S. Mabry	M.D	1825 Eastern Blvd	Sept 4. 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-7-1955	Sacred Heart Cemetery	Gorman Mill Rd. Baltimore.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/6/55	Mrs. Hedyc	Walter Stabrowski	1001 A. Gundelfinger Ave. Baltimore 24 Md.

Dem

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8453

CERTIFICATE OF DEATH

08459

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRADSHAW,
LENGTH OF STAY (in this place) 7 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RAPHEL ROAD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND, COUNTY BALTIMORE.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRADSHAW, MD.
STREET ADDRESS (If rural, give location) RAPHEL ROAD.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) WINIFRED (Last) MOON.

4. DATE OF DEATH: (Month) SEPT, (Day) 15 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: APRIL 15, 1875

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): WEST BALTIMORE.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: GEORGE WASHINGTON ZIRKLER.

14. MOTHER'S MAIDEN NAME: WINIFRED. HUGHES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 0

17. INFORMANT AND ADDRESS: MRS. GABEL, RAPHEL RD. (DAUGHTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF BREAST — Interval Between Onset and Death: 20 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: JAN. 1954

19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF BREAST.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN., 1954, to SEPT. 15, 1955, that I last saw the deceased alive on SEPT. 14, 1955, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE: James R Moon, M.D. (Degree or title) ADDRESS: 5019 Philadelphia Rd. DATE SIGNED: Sept. 15, 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept. 19 1955 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Sept 16, 1955 | REGISTRAR'S SIGNATURE: C. M. Hedrick

24. FUNERAL DIRECTOR: H. SANDER & SONS, INC. ADDRESS: Baltimore, Maryland

8454

08460 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X TOWN Butler
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Campbell's Quarry

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3316 W. Belvedere Ave. √

3. NAME OF DECEASED: (First) Robert (Middle) Gayle (Last) Moran
4. DATE OF DEATH (Month) Sept. (Day) 8 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 5, 1928	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
truck driver	Quarry	Front Vale, Va.	USA

13. FATHER'S NAME: David Crockett Moran
14. MOTHER'S MAIDEN NAME: Mattie Jane Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
yes WW1	230-28-7057	Employer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

835X
Immediate cause (a) Fractured Skull — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed Chest — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
none	none	

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY quarry	21c. (City or town)	(County)	(State)
		Butler	Balto.	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
9-8-55 M.		dump truck slid over edge of dump & rolled down bank crushing deceased under truck.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-8-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-12-55	Baltimore National Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG. 9-13-55 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
Ellsworth Armacost, 4600 Liberty Hts. Ave Baltimore 7, Md.
Ellsworth Armacost

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08461

8455

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (In this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 SPRING GROVE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE 52
STREET ADDRESS (If rural give location) SPRING GROVE STATE HOSP.

3. NAME OF DECEASED: (Type or Print) (First) ALEXANDER (Middle) MOYES (Last)

4. DATE OF DEATH (Month) SEP. (Day) 2 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: Jul. 28, 1897

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days. IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUPERINTENDENT OF BLDG. SPRING GROVE

10B. KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country): SCOTLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: ~~MRS~~ HATTIE PLUNKERT, SPRING GROVE HOSP.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (B) DUE TO Coronary Sclerosis — Approx 3 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hyp

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953 to Sept 2nd, 1955, that I last saw the deceased alive on Aug 29, 1955, and that death occurred at 7:30 A M, from the causes and on the date stated above.

SIGNATURE Clifford Ratliff Jr. M.D. ADDRESS 4605 Edmondson Ave DATE SIGNED 9/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 9/8/55

NAME OF CEMETERY OR CREMATORY LOUDON PARK

LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR Sept. 9, 1955

REGISTRAR'S SIGNATURE Victor E. Kenny

24. FUNERAL DIRECTOR Harry H. Wirtz ADDRESS 4101 EDMONDSON AVE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8456 Item 18 Film 8 of 4 3-16-56

CERTIFICATE OF DEATH

Reg. Dist. No. 08462

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 304 Maiden Choice Lane

3. NAME OF DECEASED: (Type or Print) (First) ALVIN (Middle) W (Last) NEISZ

4. DATE OF DEATH: (Month) SEPT. (Day) 25 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 9/25/96
9. AGE last birthday: 59 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOOKBINDER
10B. KIND OF BUSINESS OR INDUSTRY: PRINTING OFFICE
11. BIRTHPLACE (State or foreign country): RICHMOND, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES NEISZ
14. MOTHER'S MAIDEN NAME: ELNORA VANLEAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) COR PULMONALE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO (B) SEVERE GENERALIZED AMYLOIDOSIS OF VISCERA:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) SEVERE AMYLOIDOSIS OF LUNGS AND MEDIASTINAL LYMPH NODES — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from SEPT. 17, 19 55 to Sept. 25, 19 55 that I last saw the deceased alive on and that death occurred at 2:05 A.M. from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift, M.D.
ADDRESS: M.D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 9/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 9-28-1955
NAME OF CEMETERY OR CREMATORY: WESTERN CEMETERY
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 9/27/55
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR AND ADDRESS: G. HOWARD STRONG FUNERAL HOME
3207 W. NORTH AVE., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08463

8457

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Long Green Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green; STREET ADDRESS (If rural give location) Long Green Rd

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) F (Last) Noeth

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 55

5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: July 13 1877 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Balto Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME. Chas F. King | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Daughter Long Green Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Dis DUE TO (c)

Interval Between Onset And Death: 38 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1955, to 9/29, 1955, that I last saw the deceased alive on 9/29, 1955, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 1, 55 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) Balto Md (State)

DATE RECD BY LOCAL REGISTRAR 9/30/55 | REGISTRAR'S SIGNATURE C. W. Hedrick Jr | 24. FUNERAL DIRECTOR Paul A Steemann | ADDRESS 6067 Harford Rd

VS. A15

Dr Hudson
Fort Nod - 2701

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08464

8458

CERTIFICATE OF DEATH

Reg. Dist. No. 3...

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 49 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 49 Overbrook Rd.

3. NAME OF DECEASED: (First) NETTIE (Middle) V. (Last) NUSZ
4. DATE OF DEATH: (Month) Sept. (Day) 29, (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Sept. 12, 1863
9. AGE last birthday 92 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - rtd
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Keefer
14. MOTHER'S MAIDEN NAME: Alberta Carlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Mr. Warren N. Arnold - 17 E. Saratoga St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 to 4 mo.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic cardio-vascular disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1952 to Sept. 29, 1955, that I last saw the deceased alive on Sept. 29, 1955, and that death occurred at 10 ... M. from the causes and on the date stated above.

SIGNATURE Geo. A. Kuyp, M.D. ADDRESS 4116 Edmondson Ave. DATE SIGNED Sept. 30, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10/3/55
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: October 1st 1955
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17 Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8459

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08465

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto
STREET ADDRESS (If rural give location) 4 S. Decker Ave.

3. NAME OF DECEASED: (Type or Print) (First) Angelina (Middle) J. (Last) O'Hara.

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-29-1907

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days. IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Cocina

14. MOTHER'S MAIDEN NAME: Jennie da Rosa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. -

17. INFORMANT & ADDRESS: Thomas F O'Hara 4 S Decker Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 155X

ANTECEDENT CAUSE (S): DUE TO (A) Carcinoma Liver, primary — INTERVAL BETWEEN ONSET AND DEATH 3 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Patient 3 wks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9, 1955 to 9-15, 1955 that I last saw the deceased alive on 9-15, 1955 and that death occurred at 1:15 P.M. from the causes and on the date stated above.

SIGNATURE Ethelwyn Lee Livingston M.D. ADDRESS Luther & Eyde DATE SIGNED 9-16-55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial. DATE THEREOF 9-19-55 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR September 17 1955 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08466

8460

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore STATE OF MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balt. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
STREET ADDRESS (If rural give location) 7513 Eastern Ave

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) C (Last) Paduson

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 13 1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Da Don't Know

14. MOTHER'S MAIDEN NAME: Hemsley ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Anna Shalnaker 7513 Eastern Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — 8 years

DUE TO

(c) Arterio-Sclerosis — 12 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ..., 19 39, to Sept 11 ..., 19 55, that I last saw the deceased alive on Sept 11 ..., 19 55, and that death occurred at 6 P m ..., from the causes and on the date stated above.

SIGNATURE Morris A. Jacobs (Degree or title) M D ADDRESS 1010 North Point Rd. DATE SIGNED 9/13/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 14/55 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) (State) Balto Co

DATE REC'D BY LOCAL REGISTRAR 9-15-55 — REGISTRAR'S SIGNATURE H K Keating

24. FUNERAL DIRECTOR Wilhelm Funeral Home — ADDRESS 2112 Dundalk Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08467

8461

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural give location) 3 Melvin Ave

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) M. (Last) PAETOW

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: 11/24/67 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10B. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emil Paetow | 14. MOTHER'S MAIDEN NAME: Schell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Frank H. Garich

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 442.X (A) Uremia — 1 w.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at M, from the causes and on the date stated above.
SIGNATURE , M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/13/55 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 9/12/55 | REGISTRAR'S SIGNATURE T.E. Harris | 24. FUNERAL DIRECTOR ADDRESS Mac Nabb & Son

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08468

8368

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 51 Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 5537 Gayland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
STREET ADDRESS (If rural give location) 5537 Gayland Rd.

3. NAME OF DECEASED: (First) MARJORIE (Middle) H. (Last) PAIMISANO
4. DATE OF DEATH: (Month) Sept. (Day) 25, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Mar. 6, 1907
9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator IBM machine
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: A. Milton Higgs
14. MOTHER'S MAIDEN NAME: Mary V. Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Frances Cerniglio-119 Allendale St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Carcinomatosis
DUE TO

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of the breast
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 23, 1955, to Sept 25, 1955, that I last saw the deceased alive on Sept 25, 1955, and that death occurred at 3:10 P M, from the causes and on the date stated above.

SIGNATURE Waverly L. Green, Jr. M.D. ADDRESS Pikesville 8, Md DATE SIGNED Sept 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/28/55
NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 9-26 55
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Wm. J. Tietjen & Sons
ADDRESS: Balto 17 Md

8462 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08469

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 15, Film G188 11-7-55 ct

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 42 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 819 S. GRUNDY STREET

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (NMI) (Last) PENN

4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 27 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 8-22-97

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY: CUT SAW OPERATOR

11. BIRTHPLACE (State or foreign country): PHILADELPHIA, PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN F. PENN

14. MOTHER'S MAIDEN NAME: HELEN KINKAUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 216-05-2815

17. INFORMANT & ADDRESS. CLIN.REC., VET.ADM., HOSPITAL, FT. HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1(a) IMMEDIATE CAUSE (A) CARCINOMA OF LARYNX WITH CERVICAL METASTASES 4 YEARS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. TRACHEO-ESOPHAGEAL FISTULA 6 WEEKS

19A. DATE OF OPERATION: 4-22-1952

19B. MAJOR FINDINGS OF OPERATION: Radical Laryngectomy and bilateral neck dissection, tracheostomy - Carcinoma, larynx & differentiated squamous cell.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from AUG. 16, 1955, to SEPT. 27, 1955, that I last saw the deceased XXXXXXXXXXXXXXXXXXXX and that death occurred at 8:20 AM, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller ADDRESS DATE SIGNED

JOSEPH M. MILLER, MD. Chief, Surgical Service M.D. VAH, FORT HOWARD, MARYLAND 9-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: Sept 30-55

NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL

LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 9/30/55

REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: WM. S. FIALKOWSKI FUNERAL HOME 2007 EASTERN AVE., BALTIMORE, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08470

CERTIFICATE OF DEATH

Reg. Dist. No. ...

8463

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3/014
STREET ADDRESS (If rural give location) 524 ST. MARY STREET

3. NAME OF DECEASED: (Type or Print) (First) ANTHONY (Middle) R. (Last) PERRY

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 6 (Year) 1955

5. SEX. MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SEPARATED
8. DATE OF BIRTH: 10/3/96
9. AGE last birthday 58 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WARREN CO, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WARREN PERRY
14. MOTHER'S MAIDEN NAME: HATTIE WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 218 03 8930
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 163X			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	CARCINOMA OF LUNG	UNKNOWN
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)		
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from SEPT. 2, 1955, to SEPT. 6, 1955, ~~that I last saw the deceased XXXXXXXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 12:25 PM. from the causes and on the date stated above.

SIGNATURE F. G. Dickey M.D. ADDRESS DATE SIGNED
FRANCIS G. DICKEY,Chief,Medical Service M.D. VAH,FORTHOWARD, MD. 9-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9/12/55
NAME OF CEMETERY OR CREMATORY Balto National Cem.
LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REGISTRAR 9/9/55
REGISTRAR'S SIGNATURE C W Hedrich
24 FUNERAL DIRECTOR ADDRESS
HALSTED FUNERAL HOME
918 — DRUID HILL AVE., BALTIMORE, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 — 10-53

The omissions appearing on this certificate were initiated by State Hospital

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

8464

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08471

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville LENGTH OF STAY (In this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balt
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Box 111 - Fort Howard

3. NAME OF DECEASED: (Type or Print) (First) Oscar (Middle) P. (Last) Peterson
4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W
8. DATE OF BIRTH: ?
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk.): No (If Yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Cardiac decompensation — 3 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic disease

DUE TO (C) Myocardial infarction

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. — Mental illness

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4/55 to 9/3/55, that I last saw the deceased alive on 9/3/55, and that death occurred at [illegible] P.M. from the causes and on the date stated above.
SIGNATURE Charles Ward M. D. ADDRESS Spring Grove Hosp. DATE SIGNED Sept. 9/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 9-6-55
NAME OF CEMETERY OR CREMATORY: OAK LAWN
LOCATION (City, town, or county) (State): BALTO. CO. Md

DATE REC'D BY LOCAL REGISTRAR: Sept. 6, 1955
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08472

8465

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto. 7 (Larchmont)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2514 Poplar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 7
STREET ADDRESS (If rural give location) 2514 Poplar Drive

3. NAME OF DECEASED: (Type or Print) (First) MAGGIE (Middle) D. (Last) PHOEBUS

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 24, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marcellus A. Bramble

14. MOTHER'S MAIDEN NAME: Amanda R. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Lucille Garner - 2514 Poplar Drive

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 IMMEDIATE CAUSE (A) Arteriosclerotic Cardio-

ANTECEDENT CAUSE (B) DUE TO Vascular disease -

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Cerebral arterio sclerosis Senile

(C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. no

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1955, to Sept 21 1955, that I last saw the deceased alive on Sept 21 1955, and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE Richard M. Gundry ADDRESS M.D. 3033 W North Ave DATE SIGNED 9/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/24/55

NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 9-23-55

REGISTRAR'S SIGNATURE Alice Gerhardt

24. FUNERAL DIRECTOR Wm. J. Dickmeyer & Sons

ADDRESS Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08473

CERTIFICATE OF DEATH

8466 Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 160 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3 Vol 1-4
STREET ADDRESS (If rural give location) 2811 BRENDAN AVENUE ✓

3. NAME OF DECEASED: (First) WILLIAM (Middle) H. (Last) POWELL
4. DATE OF DEATH: (Month) SEPTEMBER (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	11-7-98	56 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN
10B. KIND OF BUSINESS OR INDUSTRY: STEEL PRODUCT CO.
11. BIRTHPLACE (State or foreign country): STANARDSVILLE, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN POWELL
14. MOTHER'S MAIDEN NAME: WILLIE POWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) YES ✓ (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
161X IMMEDIATE CAUSE	(A) CARCINOMA OF LARYNX	32 MONTHS
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from APRIL 23, 1955, to SEPT 30, 1955, last saw the deceased on [illegible], and that death occurred at 11:25 AM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT ADDRESS M. D. VAH FT. HOWARD, MD DATE SIGNED 9/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF OCT. 4, 1955
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

D. RI. REC'D BY LOCAL REGISTRAR 10-3-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR WILLIAM COOK-BLIGHT INC
ADDRESS 6009 HARFORD RD BALTO. MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8467

08474
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3701-4
STREET ADDRESS (If rural, give location) 2300 Chelsea Terrace

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) (Susie) Ellen (Last) Price

4. DATE OF DEATH (Month) (Day) (Year) September 6, 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-24-1868

9. AGE Last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown Kynson Kirby

14. MOTHER'S MAIDEN NAME: Unknown Nancy Gealon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: Unknown (NO)

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 7,14.0

Immediate cause (a) Inanition and Dehydration — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO Post Operative Necrosis
(c) DUE TO Fracture head of right femur

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: Circa 8-7-55 Baltimore City Hospital

19b. MAJOR FINDING OF OPERATION: Orthopedic pin operation for fracture of right femur

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Baltimore (County) (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Around 8-2-55 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Patient fell at home before admission to this hosp.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes-☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. 1010 Leadenhall

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/9/55

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 9-8-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John T. Stansbury **ADDRESS** 6411 Windsor Mill Rd.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08475

8468

CERTIFICATE OF DEATH

Reg. Dist. No. W 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 903 E Monument Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
STREET ADDRESS (If rural give location) 903 E Monument Ave

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) Lewis (Last) Pye

4. DATE OF DEATH: (Month) (Day) (Year) September 18 1955

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: April 7, 1869

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: William Allen

14. MOTHER'S MAIDEN NAME: Betty Braxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Alberta Blair 1219 Kearny N.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X IMMEDIATE CAUSE (A) Carcinoma of Stomach with metastasis — INTERVAL BETWEEN ONSET AND DEATH 13 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 March, 1955, to 18 Sept., 1955, that I last saw the deceased alive on 18 Sept., 1955, and that death occurred at 2:10 P M, from the causes and on the date stated above.

SIGNATURE Charles R. Dawson M. D. ADDRESS 305 A. Winters Ave DATE SIGNED 18 Sept 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/23/55 | NAME OF CEMETERY OR CREMATORY Western Star | LOCATION (City, town, or county) (State) Balto County Md

DATE REC'D BY LOCAL REGISTRAR 9/23/55 | REGISTRAR'S SIGNATURE T. E. Berry | 24. FUNERAL DIRECTOR Charles H. Hoppe | ADDRESS 512 Edmondson Ave

08476

MARYLAND

STATE DEPARTMETT OF HEALTH

8469

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2211 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 2211 Taylor Avenue #14

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) Violet H. (Last) Rankin

4. DATE OF DEATH: (Month) September (Day) 2nd (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 23, 1879

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Bordentown, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. N. Howell

14. MOTHER'S MAIDEN NAME: Mary E. Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-24-0025

17. INFORMANT AND ADDRESS: Mr. Edgar F. Rankin, 2908 Scherer Ave #14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): arteriosclerotic CVD.

(c):

INTERVAL BETWEEN ONSET AND DEATH: 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/55, to 9/2/55, that I last saw the deceased alive on 9/1/55, and that death occurred at 8:00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harold A. Pratt, M.D. ADDRESS: 3100 Harford Rd DATE SIGNED: 9-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation DATE: Sept. 6 1955 NAME OF CEMETERY OR CREMATORY: Greenmount Cem LOCATION (City, town, or county) (State): Balto, Md.

DATE REC'D BY LOCAL REG.: 9-6-55 REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS: 5305 Harford Road #14

Dr. Grott
Dr. Harris
8100 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08477

8470

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard; MARYLAND; LENGTH OF STAY (in this place) 24 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1403 Myrtle Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) T. (Last) READY

4. DATE OF DEATH: (Month) September (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9/1/91

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months; Days; IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Brick Carrier

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): St. Mary's Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jack Ready

14. MOTHER'S MAIDEN NAME: Sue Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 199-05-1273

17. INFORMANT & ADDRESS. Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) CARCINOMA OF LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY occur?

22. I hereby certify that VA attended the deceased from Aug. 15, 1955, to Sept 8, 1955, that ~~I last saw the deceased~~ alive on ~~, 19~~ and that death occurred at 3:45P M. from the causes and on the date stated above.

SIGNATURE William B. VanDegrift M.D. ADDRESS M D Fort Howard, Maryland DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 9/13/55; NAME OF CEMETERY OR CREMATORY Baltimore National; LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 12, 1955; REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR Charles R. Law Mortuary ADDRESS 802-04 Madison Ave Baltimore 1, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08478

8471

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 144 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 861 VINE STREET

3. NAME OF DECEASED: (First) GEORGE (Middle) (NMI) (Last) ROBERTS
4. DATE OF DEATH: (Month) SEPTEMBER (Day) 10 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 11/27/90
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: GLASS FACTORY
11. BIRTHPLACE (State or foreign country): MACHIPONGE, VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEVIN ROBERTS
14. MOTHER'S MAIDEN NAME: MARY McKENZIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 216 10 8058
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

611X IMMEDIATE CAUSE (A) ACUTE PYELONEPHRITIS — UNKNOWN

ANTECEDENT CAUSE (S) DUE TO CHRONIC PROSTATITIS AND CYSTITIS — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22 I hereby certify that I attended the deceased from APRIL 19, 1955, to SEPT. 10, 1955, last saw the deceased alive on [illegible], and that death occurred at 9:45P.M., from the causes and on the date stated above.

Signed by: WILLIAM B. VANDEGRIFT, M.D. ADDRESS M. D. VAH, FORT HOWARD, MD. DATE SIGNED 9-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9/14/55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9/14/55
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ISAIAH L. BROWN & SON
ADDRESS 108 W. MONTGOMERY STREET. BALTO., MD.

Item 4: Film G187 10/6/55 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08479

8472

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1001 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; STREET ADDRESS (If rural give location) 1001 Edmondson Ave.

3. NAME OF DECEASED: (First) ERNEST (Middle) E. (Last) ROBINSON

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Dec. 22, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator

10B. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cyrus N. Robinson

14. MOTHER'S MAIDEN NAME: Ida Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Myrtle E. Robinson - 1001 Edmondson Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs +

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1955, to Sept. 27, 1955, that I last saw the deceased alive on Sept. 27, 1955, and that death occurred at 8.35 P.M., from the causes and on the date stated above.

SIGNATURE John Nesbit Jr. M.D. ADDRESS 1118 St. Paul St., Balt. 2, Md. DATE SIGNED 9-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 9/30/55; NAME OF CEMETERY OR CREMATORY Loudon Park Cem.; LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 9-27-55; REGISTRAR'S SIGNATURE ...

24. FUNERAL DIRECTOR Wm. J. Gardner & Sons ADDRESS Balto 17 Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08480

8473

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Baltimore · 19 · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Harwood Pt. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OR 3214. Grace Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. XXXXX COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN XXX Lynch Point X
STREET ADDRESS (If rural, give location) #1 · 3214 Grace Rd.

3. NAME OF DECEASED: (First) WALTER (Middle) HENRY · (Last) ROBINSON ·
4. DATE OF DEATH: (Month) Sept. (Day) 27. (Year) 19 55.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White.	Married	Apr. 15. 1876	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist ·	Metal Works	Baltimore - Md.	U. S. A.

13. FATHER'S NAME: Edward J. Robinson
14. MOTHER'S MAIDEN NAME: Ann. Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO -	215-09-0129	Mamie Rose Robinson address as in #1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Uremia -	1 day.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis -	12 yrs.
DUE TO		
	(c) Chronic Myocarditis.	6 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 9/5, 1952, to 9/27, 1955, that I last saw the deceased alive on 9/27, 1955, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louis N. Pelin. M.D. 6908 N. Pt. Rd. Balto. 19 · 9/27/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 30. 1955	Oak Lawn Cemetery	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/28/55	A. M. Sedrick	HENRY SANDER & SONS, INC. Baltimore Md.	Hy. Sander

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08481

8474

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Rohrbach (Last)

4. DATE OF DEATH: (Month) 9-18 (Day) (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 4-30-1883
9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Family Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Failure, Heart — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Cardio Visc. Dis — 2 years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Atherosclerosis — 10 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1953, to Sept 18, 1955, that I last saw the deceased alive on Sept 18, 1955, and that death occurred at 8:15 AM, from the causes and on the date stated above.

SIGNATURE Benjamin Berdann M.D. ADDRESS 5010 Ritchie Hwy DATE SIGNED Sept 19 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-21-1955
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-20-55
REGISTRAR'S SIGNATURE: [signature] Deputy
24. FUNERAL DIRECTOR: McCully Funeral Homes ADDRESS: 130 E. Fort Ave.

8475

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08482

CERTIFICATE OF DEATH

Reg. Dist. No. ....

The errors appearing on this certificate were initiated by ... State Hospital

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural give location) 806 E 5th.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Rovecamp (Last)

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1955

5. SEX: f | 6. COLOR OR RACE: w | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 9.18 | 9. AGE last birthday 66 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY? U.S. Citizen

13. FATHER'S NAME: John Kanar
14. MOTHER'S MAIDEN NAME: Elizabeth Mc. Bride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Son - Mr. Vilam Rovecamp

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 IMMEDIATE CAUSE (A) Bronchopneumonia of the pelvis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO General Malignancy — 1 year

(C) DUE TO Emaciation, Anemia Secondary

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9, 1955, to 6/9, 1955, that I last saw the deceased alive on 6/9, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.
SIGNATURE Charles Ward M.D. ADDRESS Spring Grove St. Hosp. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 9/9/55
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.
LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 9, 1955
REGISTRAR'S SIGNATURE: Victor E. Darcy
24. FUNERAL DIRECTOR, ADDRESS: Walter Brooks Bradley, Dundalk, Md.

8476

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08483

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN 52 Catonsville
LENGTH OF STAY (in this place) MARYLAND 1yr3mo11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 V C 1-4
STREET ADDRESS (If rural give location) 610 Whitelock Street

3. NAME OF DECEASED: (Type or Print) (First) Sigmond (Middle) S. (Last) Samuel

4. DATE OF DEATH: (Month) (Day) (Year) September 28, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: January 12, 1879

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Hardware

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses Samuel

14. MOTHER'S MAIDEN NAME: Josephine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 153 - 07 - 8131 Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Bilateral infarctive pneumonia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSE (S) (B) Pulmonary thrombosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C) Arteriosclerotic cardiovascular disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17- , 1954, to 9-28- , 1955, that I last saw the deceased alive on 9-28- , 19 55 and that death occurred at 6:15 PM, from the causes and on the date stated above.

SIGNATURE Stella Wachter M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 9-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 10/1/55 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (Town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REGISTRAR 9/30/55 | REGISTRAR'S SIGNATURE A. C. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Pietsmeier & Sons ADDRESS Balto 17 Md.

8477

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08484

CERTIFICATE OF DEATH

Reg. Dist. No. (11

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard, Maryland
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 yrs
STREET ADDRESS (If rural give location) 726 N. Hilton Street

3. NAME OF DECEASED: (Type or Print) (First) MAX (Middle) (Last) SCHABB

4. DATE OF DEATH: (Month) September (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5/26/96

9. AGE last birthday 59 yrs; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morris Schabb

14. MOTHER'S MAIDEN NAME: Anna Moss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 217-30-4247

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 157 IMMEDIATE CAUSE	(A) PERFORATED DUODENAL ULCER WITH PERITONITIS	1 WEEK
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) CARCINOMA OF HEAD OF PANCREAS	UNKNOWN
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 4/29/55

19B. MAJOR FINDINGS OF OPERATION: Cholecystojejunostomy

20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Sept 12, 1955, to Sept 18, 1955, ~~that I last saw the deceased alive on~~ and that death occurred at 5:05AM, from the causes and on the date stated above.

SIGNATURE Michael Sulka *Michael Sulka* ADDRESS VAH, Fort Howard, Md. DATE SIGNED 9/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 20 '55
NAME OF CEMETERY OR CREMATORY Bnai Jacob Lodge Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-20-55
REGISTRAR'S SIGNATURE [illegible signature]

24. FUNERAL DIRECTOR Sol Levinson and Brothers ADDRESS 1126 W. North Ave., Baltimore, Md.
Sol Levinson + Bros. Inc.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08485

8478

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Caton Ridge Nursing Home 1.5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus — 51
STREET ADDRESS (If rural, give location): 4402 Highview Ave — 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Louise M. Schaefer

4. DATE OF DEATH: (Month) (Day) (Year): 9-29-55 19

5. SEX: female — **6. COLOR OR RACE:** white — **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** single — **8. DATE OF BIRTH:** May 30, 1874 — **9. AGE last birthday:** 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework — **10b. KIND OF BUSINESS OR INDUSTRY:** home — **11. BIRTHPLACE** (State or foreign country): Washington D.C. — **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: Geroge Schaefer — **14. MOTHER'S MAIDEN NAME:** Catherine ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service): none — **16. SOCIAL SECURITY NO.:** none — **17. INFORMANT & ADDRESS:** Margaret McGowan, 4402 Highview Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arterio sclerosis — DUE TO

(c) Age

INTERVAL BETWEEN ONSET AND DEATH: 10 hr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 19--, to 9/28, 19--, that I last saw the deceased alive on 9/27, 19--, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] — (DEGREE OR TITLE) — ADDRESS: 7635 Edmondson Ave — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-3-55 — NAME OF CEMETERY OR CREMATORY: Meadow Ridge — LOCATION (City, town, or county) (State): Howard Co. Md.

DATE REC'D BY LOCAL REG.: Sept. 30 55 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Howard H. Hubbard, 4107 Wilkens Ave

08486

8479

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH · COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8327 Belair Rd

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton
STREET ADDRESS (If rural, give location): 8327 Belair Rd

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) H (Last) Schrenker

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 19 [illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.

8. DATE OF BIRTH: April 4-1873

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kunkle

14. MOTHER'S MAIDEN NAME: Hedwig Weiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr Geo Schrenker 8327 Belair Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from sept 13 19 [illegible], to sept 13 19 [illegible], that I last saw the deceased alive on sept 12 19 [illegible], and that death occurred at [illegible] A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS — DATE SIGNED: sept 13 [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9/16/[illegible] — NAME OF CEMETERY OR CREMATORY: St Josephs Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 9/16/[illegible] — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Lucabaugh Funeral Home 7401 Belair Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8480 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08487

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 22 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V 1.4
STREET ADDRESS (If rural give location) 2139 VINE STREET ✓

3. NAME OF DECEASED: (First) GEORGE (Middle) J. (Last) SELLMAN
4. DATE OF DEATH: (Month) SEPTEMBER (Day) 6 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 2-5-89
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: JACOB SELLMAN
14. MOTHER'S MAIDEN NAME: HELEN Turnbull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 191 5 229
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

5 4 5 X
IMMEDIATE CAUSE (A) ACUTE CHOLECYSTITIS WITH PERFORATION AND
ANTECEDENT CAUSE (B) EPIGASTRIC ABSCESS — 10 DAYS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. LEFT MYOCARDIAL INFARCT, RHEUMATIC ARTHRITIS — UNKNOWN 17 YRS.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from SEPT. 5, 1955 3:45 P.M. to SEPT. 6, 1955 1:45 P.M. and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9-10-55
NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE RECD BY LOCAL REGISTRAR 9/8/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS FRED A. COLE, 1913 W. BALTIMORE STREET BALTIMORE, MARYLAND

8481

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08488

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights 16-26
STREET ADDRESS (If rural give location) 6118 BASS ST.

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) (Last) SLOAN

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M
8. DATE OF BIRTH: 6-12-91
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) +
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. 6118 Bass St. MRS. EAGER - CAPITOL HGTS, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebro-vascular accident
DUE TO
ANTECEDENT CAUSE (B) generalized arteriosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (C) diabetes mellitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26, 1955 to 9-21-1955 that I last saw the deceased alive on 9-21-, 1955, and that death occurred at 2:00 A.M., from the causes and on the date stated above.
SIGNATURE Harold E. Edwards M.D. ADDRESS Spring Grove Hospital DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-23-55
NAME OF CEMETERY OR CREMATORY Greenmount Cem
LOCATION (City, town, or county) Philadelphia (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 9-24-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR W. Cook Inc
ADDRESS 1217 St Paul St

8492 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08489

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 52 Wade Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 52 Wade Ave.

3. NAME OF DECEASED: (Type or Print) (First) Alberta (Middle) R (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 14, (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 15, 1870

9. AGE last birthday: 85 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10B. KIND OF BUSINESS OR INDUSTRY: Apt. House

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sterling Smith

14. MOTHER'S MAIDEN NAME: Eliza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 129-12-9074

17. INFORMANT & ADDRESS: Ethel Dorie 52 Wade Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY OCCLUSION

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO HYPERTENSIVE ARTERIOSCLEROTIC

(C) CARDIO-VASCULAR DISEASE.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/ , 1955, to 9/17, 1955, that I last saw the deceased alive on 9/14 , 1955, and that death occurred at 2.40 P.M., from the causes and on the date stated above.

SIGNATURE John W. Shaw M. D. ADDRESS 6800 Connecticut Ave. Chevy Chase, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept. 17, 1955 | NAME OF CEMETERY OR CREMATORY London Park | LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REGISTRAR Sept 16, 1955 | REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR W. M. Cook Inc ADDRESS 1317 St. Paul St

8483

08490

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 41 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 512 WEST CAMDEN STREET

3. NAME OF DECEASED: (First) ELMER (Middle) EDWARD (Last) SMITH

4. DATE OF DEATH (Month) SEPTEMBER (Day) 22 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: 10/21/ 1889

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR

10B. KIND OF BUSINESS OR INDUSTRY: ICE & COAL BUSINESS

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FERDINAND SMITH

14. MOTHER'S MAIDEN NAME: MALVINA HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 212-03-9615

17. INFORMANT & ADDRESS. CLIN.REC.VET.ADM.HOSPITAL,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 X
IMMEDIATE CAUSE (A) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — UNKNOWN
PULMONARY EMPHYSEMA — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from AUG. 12, 1955, to SEPT. 22, 1955, and that death occurred at 5:15 A M, from the causes and on the date stated above.

SIGNATURE FRANCIS G. DICKEY, M.D. Chief, Medical Service — ADDRESS V.A.H., FORT HOWARD, MARYLAND — DATE SIGNED 9-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 9/26/55 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEM. — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9-23-55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR AND ADDRESS JOHN J. COWAN & SON FUNERAL HOME 901 HOLLINS STREET, BALTIMORE 23, MD.

08491

MARYLAND STATE DEPARTMENT OF HEALTH

8484

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — 9209 Avondale Ave — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9209 Avondale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 9209 Avondale Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Charles (Last) Smith Sr.
4. DATE OF DEATH: (Month) September (Day) 7 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: June 20, 1900
9. AGE last birthday: 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LEADER
10b. KIND OF BUSINESS OR INDUSTRY: FREIT. - BENDIX
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: EVELYN LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: ONEIDA SMITH - 9209 AVONDALE RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓ Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓ accident ___, suicide ___ homicide ___, undetermined

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Charles F. Donnell MD | 7501 York Rd - Towson 4 md | 9/7/55

FINAL DISPOSITION (Burial, Cremation, Removal, Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | 9/10/55 | Parkwood | Taylor Ave Md

DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 23. FUNERAL DIRECTOR | ADDRESS
9/9/55 | C. W. Fedrick DC Z | Austin E. Donovan | 3818 Roland Ave

08492

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

8364

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 LENGTH OF STAY (In this place) 17 YRS HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 BAYSIDE DRIVE	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) STREET ADDRESS (If rural, give location) 12 BAYSIDE DRIVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	WILLIAM	SMITH, SR.	SEPT.	5	19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE.	WHITE	MARRIED	MAR. 22, 1890	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	MEAT PACKERS	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELWOOD SMITH	LAURA SUTTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	213-03-9192	ANNA L. SMITH, SR- WIDOW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary Occlusion	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c) Hypertension Cardio Vascular Disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	Dundalk, Md.	9/6/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	SEPT. 8, 1953	[illegible]	BALTO. CO.	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
[illegible]	[illegible]	[illegible]	[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08493

8495

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X FORT HOWARD
MARYLAND
LENGTH OF STAY (in this place): 17 Hrs. 10 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE
STREET ADDRESS (If rural give location): 1865 N. GAY STREET

3. NAME OF DECEASED. (Type or Print): (First) JOHN (Middle) J. (Last) SMITH

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5-18-91

9. AGE last birthday: 64 yrs. (IF UNDER 1 YEAR: Months; Days) (IF UNDER 24 HRS.: Hours; Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAB DRVER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM F. SMITH

14. MOTHER'S MAIDEN NAME: ANNIE FRANK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 217 01 0655

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0

IMMEDIATE CAUSE (A): BLEEDING DUODENAL ULCER — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: CIRRHOSIS OF LIVER - MODERATE (TREMENS UNKNOWN CHRONIC ALCOHOLISM, MANIFESTED BY DELIRIUM 40 YEARS

19A. DATE OF OPERATION: 9-6-55

19B. MAJOR FINDINGS OF OPERATION: Subtotal Gastrectomy - findings duodenal ulcer, cirrhosis of liver. Left Thoracotomy.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 5, 1955, to SEPT. 6, 1955, and that death occurred at 1:00 P.M. from the causes and on the date stated above.

SIGNATURE: John A. Surmonte — ADDRESS: M.D VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 9-6-55

JOHN A. SURMONTE, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 9-9-55

NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL

LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 9/7/55

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: JOHN C. MILLER, INC. 2435 E. OLIVER ST. BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8486

CERTIFICATE OF DEATH

08494

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5502 OLD FREDK.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 29
STREET ADDRESS (If rural give location) 5502 OLD FREDK. Rd.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) M. (Last) SPRY

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: 6/22/79

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES GRABER

14. MOTHER'S MAIDEN NAME: STERNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: WM. A. GRABER

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 1/X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 dy

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Senerel. yed Arterio Sclerosis 4 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 1955, to 9-15, 1955 that I last saw the deceased alive on 9-15, 1955 and that death occurred at 8:30 A.M. from the causes and on the date stated above.

SIGNATURE James Estower M.D. ADDRESS Catonsville DATE SIGNED 9-16

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 9/19/55 | NAME OF CEMETERY OR CREMATORY GOOD SHEPHERD | LOCATION (City, town, or county) (State) HOWARD CO.

DATE REC'D BY LOCAL REGISTRAR 9/18/55 | REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Dorsey Dahl & Son ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8487

08495

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore (Co.) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1932 N. Patterson Pk Ave

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Hallman (Last)
4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 24 1873
9. AGE Last Birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cutting glass
10b. KIND OF BUSINESS OR INDUSTRY: Baltimore Cty
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Hallman
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-0856
17. INFORMANT AND ADDRESS: Mrs. E. Hallman 1932 N. Patterson Pk Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — Interval Between Onset and Death: 4 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5 1955, to Sept 13 1955, that I last saw the deceased alive on Sept 13 1955, and that death occurred at 11 m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS 1513 N. Milton Ave | DATE SIGNED Sept 15 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9-16-55 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel | LOCATION (City, town, or county) (State): Balto. Md.

DATE RECD BY LOCAL REG. Sept 15, 1955 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS: Geo. C. Mullendore 2431 E. Oliver St

VS. A15

8498

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08496 Reg. Dist. 45

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Balto 21. LENGTH OF STAY (In this place) 0mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 499 Langley Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Edgewater Apts.
STREET ADDRESS (If rural, give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) Emmet (Last) Starkey

4. DATE OF DEATH (Month) Sept (Day) 9 (Year) 1955.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Mar 25, 1917	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Welder,	Bethlehem Co.	Smithfield, W. Va.	U. S.

13. FATHER'S NAME: Leman Starkey.

14. MOTHER'S MAIDEN NAME: Bada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes	Korea 1 - 2 yrs.	234-14-0543	Mrs. Cathlen Starkey (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
976X Immediate cause	(a) Gunshot (12 guage shot gun) wound	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Two month, Complete evisceration	
	(c) DUE TO Entire frontal skull & face blown off	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
		Essex	Balto	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
9 - 9 - 1955. 9 AM M.		Gunshot wound of face.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE T. McLarmore M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/11/55		Salem	West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-12-55	Edith Hurley	J. J. Bruzgmoke	1407 Eastern Ave Rd.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8489 08497

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City. 3V01.4
STREET ADDRESS (If rural give location) 3407 Va Ave

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Emmanuel (Last) STERN

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/14/1902

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: meat

11. BIRTHPLACE (State or foreign country): Richmond, Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel STERN.

14. MOTHER'S MAIDEN NAME: Fanny Gelblum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Pulmonary Tuberculosis

DUE TO (c)

Interval Between Onset and Death: (a) few Min. (b) 20 Yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1940, to Sept. 21, 1955, that I last saw the deceased alive on Sept 21, 1955, and that death occurred at 10.10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Melvin B. Kress M. D. Eudowood Sanatorium - Towson 4, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9-25-1955 | NAME OF CEMETERY OR CREMATORY Friendship | LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE Ida Hedrick | 24. FUNERAL DIRECTOR Jack Lewis Inc. ADDRESS 2100 Eutaw Pl

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08498

8490

CERTIFICATE OF DEATH

Reg. Dist. No. . . . .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X FORT HOWARD
LENGTH OF STAY (in this place) 18 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 124 SOUTH MONROE STREET

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) A. (Last) STUBBINS

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 22 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 7/9/99

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER

10B. KIND OF BUSINESS OR INDUSTRY: CONTRACTING CO.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: BRENTON STUBBINS

14. MOTHER'S MAIDEN NAME: CATHERINE DUTROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 213-09-6024

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from SEPT. 4, 1955 to SEPT. 22, 1955 and that death occurred at 3:05A M, from the causes and on the date stated above.

SIGNATURE XXXXXXXXXX Francis G. Dickey, M.D. 19

ADDRESS FRANCIS G. DICKEY, M.D., Chief, Medical Service VAH, FORT HOWARD, MARYLAND

DATE SIGNED 9-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 9/26/55

NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEM.

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9-23-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: GEORGE L. SCHWAB FUNERAL HOME 2101 FREDERICK AVE., BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08499

8491

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7844 Westmoreland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 7844 Westmoreland Ave

3. NAME OF DECEASED: (First) Elizabeth (Middle) May (Last) Sudano

4. DATE OF DEATH: (Month) Sept (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 9, 1921

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Office Work

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Zellers

14. MOTHER'S MAIDEN NAME: Helen Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 204-01-9161

17. INFORMANT & ADDRESS: S. Victor Sudano 7844 Westmoreland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 170X Carcinoma of lungs - Bilateral & Liver

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinoma of Left Breast DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1955, to Sept 5, 1955, that I last saw the deceased alive on Sept 5, 1955, and that death occurred at 5:10 A. m., from the causes and on the date stated above.

SIGNATURE Laurence C. Kosh (DEGREE OR TITLE) M.D. ADDRESS 6805 York Rd Baltimore 12 Md DATE SIGNED 9/6/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Sept 7, 1955

NAME OF CEMETERY OR CREMATORY Moreland Memorial

LOCATION (City, town, or county) Parkville (State) Md

DATE REC'D BY LOCAL REG. 9-6-55

REGISTRAR'S SIGNATURE C. H. Hudnick JR

24. FUNERAL DIRECTOR Glenn F. Seitz ADDRESS 5209 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08500

8492

CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH: COUNTY Baltimore; 7815 Birmingham Avenue; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkville
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore X
STREET ADDRESS (If rural, give location) 7815 Birmingham Avenue /

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) A. (Last) Taylor

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 14, 1867

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chance, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: 220-07-4154B

17. INFORMANT AND ADDRESS: Edward J. Taylor 7815 Birmingham Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis, Generalized

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 19..., to Sept, 1955, that I last saw the deceased alive on Sept 1, 1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William G. Hopcock MD 5 Cc 6 Talbot Ave Bal to 10 md ADDRESS: DATE SIGNED: 9-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 5, 1955

NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 9/5/55

REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR: Wm Cook - Blight, Inc. ADDRESS: 6009 Harford Road

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08501

8493

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X FORT HOWARD
LENGTH OF STAY (in this place) 30 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FROSTBURG
STREET ADDRESS (If rural give location) 120 GRANT STREET ✓

3. NAME OF DECEASED: (First) CRAWFORD (Middle) V. (Last) THAWLEY
4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 26 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	7/17/87	68 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SOLDIER	ARMY	HARRINGTON, DELAWARE	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK W. THAWLEY	ELIZA CAIN

15. WAR DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
YES ✓	WW I	Unknown	CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451 X

IMMEDIATE CAUSE (A) RUPTURE OF ABDOMINAL ANEURYSM — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
VA M.		

22. I hereby certify that I attended the deceased from AUG. 27, 1955, to SEPT. 26, 1955 that I last saw the deceased alive on XXXXXXXXXXXXXXXXXX and that death occurred at 9:25 A.M., from the causes and on the date stated above.

SIGNATURE William B. Vandegrift — ADDRESS M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED 9-26-55

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9/29/55	BALTIMORE NATIONAL	BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/27/55	A. M. Hedrick	WM. J. TICKNER & SONS, NORTH & PENNA.AVES. BALTIMORE, MD.

08502

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8365

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22
LENGTH OF STAY (in this place) 26 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7020 BELCLARE Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 7020 BELCLARE Rd.

3. NAME OF DECEASED (Type or Print): (First) SWIFT (Middle) EMPIE (Last) THOMPSON
4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	AUG. 8, 1892	63 yrs.	—			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BRIDGE ENGINEER	MARITIME	N. CAROLINA	—

13. FATHER'S NAME: GRADY THOMPSON
14. MOTHER'S MAIDEN NAME: MITTIE BROWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-09-3146
17. INFORMANT AND ADDRESS: LOUISE A. THOMPSON — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Chronic Myocarditis	14 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	3 mos
(260X)	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 5, 1955, to Sept 19, 1955, that I last saw the deceased alive on Sept. 18, 1955, and that death occurred at 2:15 A. m., from the causes and on the date stated above.

SIGNATURE: J. W. Davis M.D. (Degree or title) ADDRESS Dundalk 22 Md. DATE SIGNED 9/20/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-22-1955	OAK LAWN	BALTO. CO. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 21-1955	William M. Kelly	[illegible]	Dundalk, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08503

8494

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mariottsville
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ward's Chapel Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mariottsville
STREET ADDRESS (If rural give location) Ward's Chapel Road

3. NAME OF DECEASED: (Type or Print) (First) Madge (Middle) Harry (Last) Tinkler

4. DATE OF DEATH: (Month) Sept (Day) 23 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug 5 1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Harry

14. MOTHER'S MAIDEN NAME: Susan Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Card lost

17. INFORMANT & ADDRESS. John Tinkler Randallstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1/2 hr

ANTECEDENT CAUSE (B) DUE TO (B) Cardio-vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 1955 to 9/23/, 1955, that I last saw the deceased alive on 9/23/, 1955, and that death occurred at 8 a M, from the causes and on the date stated above.

SIGNATURE Fern E. Martin M. D. ADDRESS Randallstown, Md DATE SIGNED 9/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept 25 1955

NAME OF CEMETERY OR CREMATORY Deer Park Cemetery

LOCATION (City, town, or county) Reisterstown (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-2-55

REGISTRAR'S SIGNATURE Fern E. Martin

24. FUNERAL DIRECTOR ADDRESS Wm Berryman & Sons Reisterstown Md

8495

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08504

Item 22: film G185 9-15-55L

CERTIFICATE OF DEATH

Reg. Dist. No. . . . . .

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place) 3 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7151 GOUGH ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTO. 24.14
STREET ADDRESS (If rural give location) 412 N. ROBINSON ST. ✓

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) I. (Last) TUMBLESON
4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 19 55
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 2/8/1907
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: CLOTHING
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WM. F. MACNEAL
14. MOTHER'S MAIDEN NAME: SARRAH LINTHICUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY NO.: 212-28-8853
17. INFORMANT & ADDRESS: ROYSTON TUMBLESON 412 N. ROBINSON ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1714
Immediate cause (a) Carcinoma of Uterus Cervix — Oct 15/53
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Metastatic carcinoma of Kidneys
DUE TO
(c) with uremia — July 2/55

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Oct 15, 1953, to July 7, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 11:30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) E. G. Schumacher M.D. ADDRESS 542 S. Ponca DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9/10/55
NAME OF CEMETERY OR CREMATORY MORELAND MEM. PK.
LOCATION (City, town, or county) (State) BALTO. CO. MD.
DATE REC'D BY LOCAL REGISTRAR 9-8-55
REGISTRAR'S SIGNATURE A. W. Deutsch
24. FUNERAL DIRECTOR & ADDRESS Clarence F. Hoffmann 3218 Hudson St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

8496 Item 7, Regs. 37 10-3-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08505

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 4
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Convalescent Home 301 W. Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkton
STREET ADDRESS (If rural, give location) York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Carlton (Middle) (Last) Vance

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: July 14 1877 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Vance | 14. MOTHER'S MAIDEN NAME: Martha Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: James W. Vance 3125 Chesterfield Ave Baltimore 17

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral hemorrhage — 2 months

DUE TO (C) Left Hemiplegia — 2 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from 9-23, 1955, to 9-26, 1955, that I last saw the deceased alive on 9-26, 1955, and that death occurred at 2 P M, from the causes and on the date stated above.

SIGNATURE Lollian L. Leary M.D. ADDRESS 3025 Belay Rd DATE SIGNED 9-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF #9-29-55 | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Monkton, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 29, 1955 | REGISTRAR'S SIGNATURE Mabel C. Gray | 24. FUNERAL DIRECTOR Brooks Funeral Service | ADDRESS Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

8497

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09570

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills

LENGTH OF STAY (in this place): 15½ yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12 Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East

STREET ADDRESS (If rural, give location): 07X-2

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Warren	Walter	Ward	9	30	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	single	3/14/29	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Leroy Ward	Irma Dunlap Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	—	Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
3533 Immediate cause	(a) Bilateral Pneumonia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic bilateral aspirational pneumonitis	
DUE TO		
	(c) Epilepsy	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 19.55., to 9/30, 19....55 that I last saw the deceased alive on 9/30, 19...55, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Harry G. Butler M.D.		Owings Mills, Md.	30 Sept 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 3 1955	Greenmount	Greenmount, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 3 1955	Dorothy Arnold	Frank D. Howell	Hillsdale

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08506

8498

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Carney — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9732 Harford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural, give location) 9732 Harford Rd

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Frances	T	Werneth	Sept	22	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		12-24-1872	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	At Home	Germany	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Anton C Droege	Anna Marie Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		L Robert 9804 Harford Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 10-15

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis - Congestive heart failure — 20 yrs

(c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senile arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—		—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 15, 19[illegible], to Sept 22, 1955, that I last saw the deceased alive on Sept 21, 55, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Daniel W. Muntz MD.	3509 Evergreen Ave Balto 14	Oct 9/22/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-26-55	Holy Redeemer	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/24/55	A. M. Bacon	Chas. F. Evans & Son	8802 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08507

8499

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Parkville, Balto.14
LENGTH OF STAY (In this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1730 Wycliffe Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville, Balto.14 X
STREET ADDRESS (If rural give location) 1730 Wycliffe Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) Zina (Last) White

4. DATE OF DEATH. (Month) (Day) (Year) 9-11-55 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 12-27-1882

9. AGE last birthday: 72 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Waters

14. MOTHER'S MAIDEN NAME: Martha Halstead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT & ADDRESS: Pikesville,8, Md.
George R. White,4525 Old Court Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Acute coronary artery occlusion — 1 hour
DUE TO
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B)
DUE TO
(260X) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1955, to 9/11, 1955, that I last saw the deceased alive on 9/11, 1955, and that death occurred at 1:20 P M, from the causes and on the date stated above.

SIGNATURE Gordon Eyrer ADDRESS M.D. 8523 York Road Towson 4 DATE SIGNED 9/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-14-55
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 12, 1955
REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: Brooks Funeral Service, Sparks, Md. ADDRESS

VS. A11—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08508

8520

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 yrs. 4
STREET ADDRESS (If rural give location) 12 Bishop Rd

3. NAME OF DECEASED: (Type or Print) (First) Katharine (Middle) Barnitz (Last) Wickes

4. DATE OF DEATH: (Month) Sep (Day) 13 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: July 26 1865

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Judge Pere L. Wickes

14. MOTHER'S MAIDEN NAME: Henrietta Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 16 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized arteriosclerosis — 10 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov., 1953 to 13 Sep., 1953, that I last saw the deceased alive on 12 Sep., 1953, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE Paul H Royer M.D. ADDRESS Lutherville Md DATE SIGNED 13 Sep 53

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept 15 1953 | NAME OF CEMETERY OR CREMATORY Green Mount | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 9-14-53 | REGISTRAR'S SIGNATURE G. W. McLuckie | 24. FUNERAL DIRECTOR Wm. H. Jenkins Sons Co ADDRESS 4905 York Rd

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

85-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08509

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FORT HOWARD
LENGTH OF STAY (in this place): 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (1401 DECATUR) BALTIMORE
STREET ADDRESS (If rural give location): 1401 DECATUR STREET

3. NAME OF DECEASED: (First) WILLIAM (Middle) J. (Last) WOOLERY, SR.

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 28, 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 3-28-94

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PROPRIETOR

10B. KIND OF BUSINESS OR INDUSTRY: TAVERN

11. BIRTHPLACE (State or foreign country): WESTMINSTER, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DAVID WOOLERY

14. MOTHER'S MAIDEN NAME: EFFIE RICHARDS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 213-03-2236

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSPITAL,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

464X
IMMEDIATE CAUSE (A) PULMONARY INFARCTION — UNKNOWN

ANTECEDENT CAUSE (B) DUE TO THROMBOPHLEBITIS — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. COR PULMONALE — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 20 1955, to SEPT. 28 1955, and that death occurred at 4:00AM, from the causes and on the date stated above.

SIGNATURE: FRANCIS G. DICKEY, M.D., Chief, Medical Service — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 9-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 9/30/55 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEM. — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 9-29-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: LEONARD J. RUCK, 5305 HARFORD ROAD, BALTIMORE, MARYLAND

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: print or write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

8502

08510

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 WOODBINEAVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 406 WOODBINE AVE. 24

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) EDWARD (Last) WOOLSTON
4. DATE OF DEATH: (Month) SEPT. (Day) 12, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 1, 1884
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FORMERLY HANDYMAN RETIRED 7 YRS.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM WOOLSTON
14. MOTHER'S MAIDEN NAME: NELLIE ANDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217 01 2944a
17. INFORMANT AND ADDRESS: MRS RACHEL L. WOOLSTON SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebro-Vascular Accident (Hemorrhage) — 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterio-Sclerotic disease — 10 years
(c) Hypertension — 15 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had hemiplegia in 1954 — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1955, to Sept 12, 1955, that I last saw the deceased alive on Sept 12, 1955, and that death occurred at 10 25 a.m., from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs (Degree or title) MD ADDRESS: 1010 NORTH Point Rd Balto 24 DATE SIGNED: 9/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: SEPT. 15, 1955
NAME OF CEMETERY OR CREMATORY: PARKWOOD CEMETERY
LOCATION (City, town, or county) (State): BALTIMORE MARYLAND.

DATE REC'D BY LOCAL REG. 9-14-55
REGISTRAR'S SIGNATURE: A. H. Hedrick M.D.
24. FUNERAL DIRECTOR: HENRY SANDER & SONS INC. ADDRESS: BALTIMORE MARYLAND. Henry Sander

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8503

CERTIFICATE OF DEATH

Reg. Dist. No. 08511 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Catonsville Md
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Bowie Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore R. 1. 4.
STREET ADDRESS (If rural give location) 2044 Linain Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Cardonia (Last) Wright

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 10 - 1867

9. AGE last birthday 88 yrs. UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Hampstead Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Alphonse Abott

14. MOTHER'S MAIDEN NAME: Margaret Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Arteriosclerotic Cardio DUE TO

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Vascular Disease DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: over 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 47 to Sept 21 19 55 that I last saw the deceased alive on Sept 21, 19 55, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE Walter J. Lies M.D. ADDRESS Ashleyville DATE SIGNED 22 Sept 55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Sept 24-55 NAME OF CEMETERY OR CREMATORY Hampstead Md LOCATION (City, town, or county) (State) Hampstead Md

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE L. Schroeder

24. FUNERAL DIRECTOR Wm. Cook, Sr. Funeral Director ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8504

CERTIFICATE OF DEATH

08512

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wards Chapel
LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wards Chapel
STREET ADDRESS (If rural give location): Liberty Rd. Above Wards Chapel Rd

3. NAME OF DECEASED: (First) Hulbert (Middle) (Last) Young

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/27/1877

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Veterinarian

10b. KIND OF BUSINESS OR INDUSTRY: V.Md.

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas E. Young

14. MOTHER'S MAIDEN NAME: Mary Ellen Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Mrs. Gertrude Young (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

202.1
Immediate cause (a) Lymphomatosis — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1954, to 9/19/ ..., 1955, that I last saw the deceased alive on 9/19/, 1955, and that death occurred at 6 a M, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm E. Martin, M.D. Randallstown Md 9/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept, 21, 55

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville Md.

DATE REC'D BY LOCAL REGISTRAR: 9/19/55

REGISTRAR'S SIGNATURE: Wm E. Martin

24. FUNERAL DIRECTOR: Frank A. Neuerle

ADDRESS: Pikesville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08513

8505

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 31 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 21214
STREET ADDRESS (If rural give location) 2030 EASTERN AVENUE

3. NAME OF DECEASED: (First) STANISLAW (Middle) (NMI) (Last) ZALENSKI

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 8 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 5-6-96

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARTENDER

10B. KIND OF BUSINESS OR INDUSTRY: TAVERN

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN ZALENSKI

14. MOTHER'S MAIDEN NAME: PELEGIA POMOSKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 213-34-1189

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE,

ANTECEDENT CAUSE (B) XXXXXX DECOMPENSATED.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 8, 19 55 to SEPT. 8., 19 55 and that death occurred at 4:35 P.M., from the causes and on the date stated above.

SIGNATURE F. Dickey ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 9-8-55

FRANCIS G. DICKEY, M.D. Chief, Medical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF Sept. 12, 1955

NAME OF CEMETERY OR CREMATORY HOLY ROSARY CHURCH CEM.

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9-8-55

REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR WM. S. FIALKOWSKI FUNERAL HOME ADDRESS 2007 EASTERN AVENUE, BALTIMORE, MD.

8369 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08514

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1232 Maiden Choice Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; STREET ADDRESS (If rural give location) 1232 Maiden Choice Rd

3. NAME OF DECEASED: (First) JOHN (Middle) E (Last) ZANG

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 12-26-1891 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd Police | 10B. KIND OF BUSINESS OR INDUSTRY? W-M Railway | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Zang

14. MOTHER'S MAIDEN NAME: Margaret Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) World War #1 | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT & ADDRESS: Mrs John Zang, Arbutus Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 IMMEDIATE CAUSE (A) Adenocarcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSE (S) DUE TO metastatic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Aug. 14, 1955 | 19B. MAJOR FINDINGS OF OPERATION: Multiple nodules in liver. | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Sept 29, 1955, that I last saw the deceased alive on Sept 29, 1955, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE A Bradley Longhurst M.D. ADDRESS 1264 Francis Ave DATE SIGNED 9-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Oct 2-1955 | NAME OF CEMETERY OR CREMATORY: Emory | LOCATION (City, town, or county) (State): Randall Co Md

DATE REC'D BY LOCAL REGISTRAR: Oct 5 55 | REGISTRAR'S SIGNATURE: Lee Kieffer | 24. FUNERAL DIRECTOR: Edw A Tipton | ADDRESS: Hampstead Md

8506

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08515

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 7yr.1mo.1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3 Vol. 4
STREET ADDRESS (If rural, give location) 2236 Fleet Street

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) J. (Last) Zborowski

4. DATE OF DEATH: (Month) (Day) (Year) September 25 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-19-1894

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Shipping

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Zborowski

14. MOTHER'S MAIDEN NAME: Mary Dumbrowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) –

16. SOCIAL SECURITY NO.: 216 05 5346

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Strangulation by Hanging — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Hospital

21c. (City or town) Catonsville (County) Baltimore (State) Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-25-55 8:25 p. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR Hung himself with sheet in utility room on ward

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo M. Kiefer 1010 Leadenhall

M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/29/55

NAME OF CEMETERY OR CREMATORY Holy Rosary

LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 9/28/55

REGISTRAR'S SIGNATURE A. V. Hedrick

24. FUNERAL DIRECTOR M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE

ADDRESS Charles D. Sadowski